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Vol. XI No. 10

THE Public Health Nurse

OCTOBER, 1919

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The Community Nurse and Nutrition Work

WILLIAM R. P. EMERSON, M. D.

Preparation of the Public Health Nurse for Tuberculosis Nursing

MARY VAN ZILE, R. N.

The New Impulse in Mental Hygiene

JESSIE TAFT, Ph. D.

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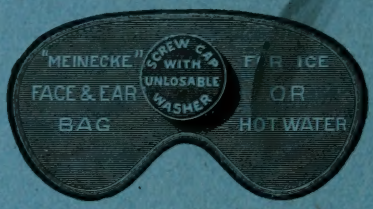

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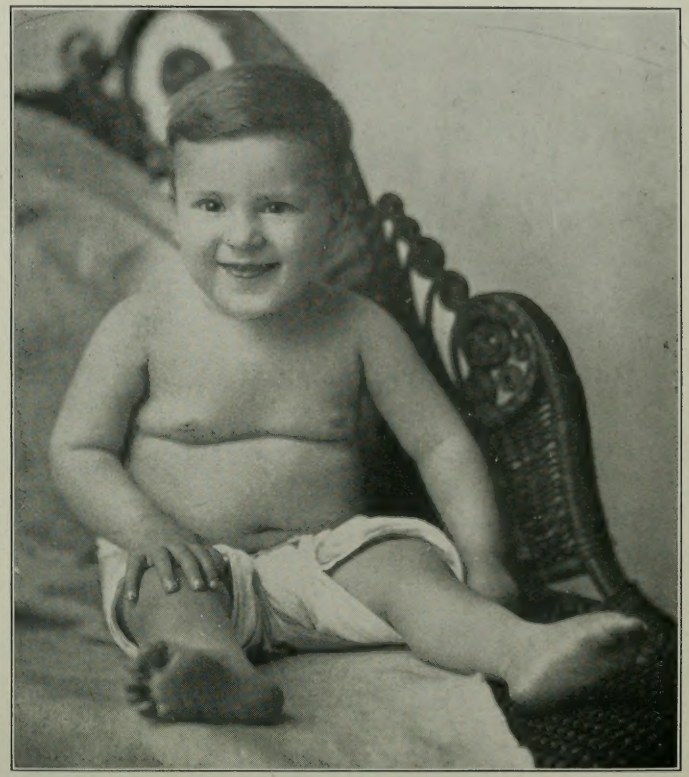
"LITTLE BILLIE" UNDER UNTRAINED CARE



"LITTLE BILLIE," AFTER HE HAD BEEN UNDER TRAINED CARE

(See Page 813.)

KNOWLEDGE OR IGNORANCE?

THE PUBLIC HEALTH NURSE

VOL. XI OCTOBER, 1919 No. 10

EDITORIAL

Our New Secretaries

THE Organization has recently added two new secretaries to its staff. They are the Membership and Eligibility Secretary, Miss Pearl H. Braithwaite, and the Publicity Secretary, Mr. James Rorty. While they are stationed at the National Headquarters in New York they both serve the branch office as well. Each in his or her own way represents not altogether new work but rather extensive and formal expansion of established activities which have been developing for two, three or more years, but which could not assume their rightful place in the full program of the Organization until thoroughly equipped, full-time-salaried secretaries could be secured to direct them.

For example, membership extension has grown steadily with almost no stimulation. But even this has entailed much exacting, painstaking work on the part of the chairmen of the membership and eligibility committees who in the persons of Mrs. R. L. Ireland, Mrs. James L. Houghteling, Miss Mary Magoun Brown, Mrs. C. C. Bolton, Jr., Miss Yssabella G. Walters, and Mrs. Edna Whitelaw Ketchum have given, over a period of seven years, gratuitous labor and thought, which can not be adequately appraised. The work of the eligibility committee has required and has had a genuine human, as well as professional, interest which has established most friendly and helpful relations, not only between individuals and the Organization, but between hospitals, training schools and alumnae associations. No unfortunate nurse has ever been told in a perfunctory or arbitrary manner that she was ineligible for active membership. On the contrary each individual has been encouraged and helped, at the

least possible cost of time and loss of income, to overcome her handicap. In very many instances negotiations for special post-graduate work have been conducted by the chairman of the eligibility committee in behalf of such nurses. In the same way, candidates, and often their alumnae associations, have been stimulated and supported in appeals to the governing boards of their hospitals to abandon some disapproved practice, such as sending student nurses into private practice, or to encourage their directors to seek affiliation with other hospitals for the purpose of rounding out and standardizing their own course of training.

Miss Pearl H. Braithwaite, who is a graduate of Johns Hopkins Hospital and former Superintendent of two small hospitals and training schools in Minnesota, brings to this work a keen and sympathetic understanding and genuine human interest. To this valuable experience she adds a year's work as Associate Secretary to the three nursing committees of the Council of National Defense in Washington. During the year in Washington, she became more or less familiar with our Washington office, and the special function of the war program committee, which absorbed the functions of the membership committee, and has continued the same since the signing of the armistice under the name of *Ways and Means Committee.* Miss Braithwaite, consequently is prepared to act as Secretary to the ways and means committee, which has assumed responsibility for membership extension by which the rapidly increasing budget is secured. The direction of the Council of State Representatives, which consists of a non-professional and a nurse member for each state, and which is designed to act as a medium for all propaganda which the Organization undertakes, also rests with the Chairman of the ways and means committee. Hence it will be seen that with the appointment of Miss Braithwaite as Membership and Eligibility Secretary, she co-ordinates the activities of two all-important committees and directs those of the Council under the general guidance of the two Chairmen, Mrs. Bolton and Mrs. Ketchum.

During the early years of the Organization's history, there seemed to be neither means nor necessity for what is generally understood by a Publicity Department. The work grew faster than we could find workers to do it, and demands upon the Organization increased in like proportion. But when war was declared the early call for Public Health Nurses made an immediate increase in their numbers imperative, and called for drastic measures for speeding up their preparation. Various emergency measures were resorted to, among others two pretty costly contracts for publicity service in press and magazines.

While these were undoubtedly productive of certain desired results,

it was clearly recognized by all, that the Organization could not hope to enlist the active co-operation of the public in a concerted way except through the medium of an experienced full-time Secretary. This too, became imperative when in the spring the Directors voted to undertake the 1919-1920 program, which is so clearly and concisely set forth in another article in this issue. It was obvious to all that to make our efforts effective, they must have leadership of a higher order. A few of the members of the Board had acquaintance with Mr. James Rorty, who was then engaged in over-seas service but who had done a little work for us prior to military duty. He is a writer who has contributed verse and prose to various magazines, and has also had several years experience with one of New York's largest advertising firms. All of these factors were sufficient to convince the Board that his services should be secured if possible. It afforded the greatest satisfaction to those of us who knew him, to learn of his desire to accept our proposition, and we agreed to wait his early release from the Army, which came, however, in June rather than in April or May as we had hoped.

In the short time that he has been with us, he has organized a Publicity Department in the best meaning of that word; set in motion the preliminary work for the legislative, recruiting and membership campaigns, which are described in a brief article published elsewhere in this issue; proposed a new lay-out for the magazine which has been cordially welcomed by the Publications' Committee; and pointed out many other opportunities for service which the Organization can and will offer to Public Health Nurses and agencies in general and to our members in particular, and which he will develop as rapidly as possible. The leaflets and posters which are elsewhere described in this issue will be very helpful to local associations in their efforts to extend and to finance their work. These are only suggestive of the kind of help which Mr. Rorty's department is prepared to render and we second his earnest appeal for suggestions and requests for material of specific character that will support and further the activities of member-associations.

Already it has become apparent that all of the departmental activities of the Organization itself are looking to Mr. Rorty for assistance. This is immediately and conspicuously true in connection with the membership extension drive which is being launched. Particularly also is this true in the legislative campaign which will proceed directly under his leadership and that of a director of field work. E. P. C.

A Minimum of Instruction For Mothers

The two photographs of "Little Billie" published in this number of The Public Health Nurse speak for themselves. The first picture shows

him as he was while under the care of an untrained and irresponsible mother. The second shows what a trained woman could and did do for him.

Until society requires that *every* woman receive a minimum of instruction concerning the care of the home and children there will continue to be infants and young children whose unnecessary martyrdom will lie squarely at the door of all of us who refuse to face these significant facts.

Such training should be *compulsory* not elective, and should, in our opinion, be required of every woman before she receives a license to marry. No form of prophylaxis could be as fundamental, and far reaching in its effects, as an irreducible minimum of instruction for all women in the duties which the majority of them will be called upon to assume.

Such a standard of instruction would have to be under the protection of an organization which has an unimpeachable record and a widely recognized authority.

To our way of thinking the American Red Cross is the body to whom this great piece of work could be safely entrusted. It already carries such instruction in its classes of dietetics, first aid, and home care of the sick. These are more elaborate and have rather more of a nursing bias than would constitute an advisable or practicable minimum for mothers whose main function should be to maintain the family in health and to seek skilled aid in illness.

In the name of "Little Billie" we ask for a national standard of instruction for all mothers in this country, to be certificated, if possible, by the American Red Cross and to be required of all women as a condition of receiving a license to marry.

The Community Nurse and Nutrition Work

BY WILLIAM R. P. EMERSON, M.D.
Boston

THE business of the insurance man is to write insurance. He is expected to do something more than to talk insurance and make himself agreeable to those he meets. He is measured by his results.

The business of the nurse is to write health. She should be judged by her ability to do this rather than by her pleasant manner or her ability to "jolly" the patient or the doctor and make a good showing.

One of the many difficulties in accomplishing this end has been the lack of any definite measure of the work she has done. In our nutrition work we have found a means of measuring results. Elsewhere we have described the method developed in our Nutrition Clinics and Classes.* The weight chart used in these classes records the progress made by underweight children when proper conditions have been established. Family charts can be kept in the same way and thus the community nurse can show the number of families and individuals she has been able to put on their feet.

The work of the nurse at present is concerned on the one hand with cases of acute and chronic illness, and on the other with generalizations about hygiene and right living. Between these fields lies the middle ground of malnutrition. Among the children of school and pre-school ages even a low standard shows that at least one-third are habitually underweight for their height and seriously retarded in their development. They are sick children, although not usually considered so, and reasonable treatment will in a very short time bring them up to a much higher plane of efficiency.

Unquestionably these cases should occupy a large proportion of the nurse's activity in preventive medicine because they afford a ready soil for all forms of infection and are now costing the health forces of the home and school many times what it would cost in effort to put them permanently in good condition. Her work is not a pastime but a battle with the forces of ill health and death.

No one is more dissatisfied with present conditions than the nurse herself. No proof of this statement is necessary beyond reference to the splendid achievement of those nurses who have been given an opportunity to organize their work upon a productive basis.

One questions what is the use of paying one hundred or one hundred and fifty dollars a month to have a

*See the various bulletins issued by Nutrition Clinics for Delicate Children 44 Dwight Street, Boston.

nurse do what any fairly intelligent young woman could do—talk health, be agreeable in homes and spend two or three hours a day making reports which she can "put over" and which no one will ever use.

On the other hand, the duties and responsibilities of few positions in modern social life are as well defined as are those of the nurse in the hospital. The orders of the physician call for rigid obedience with little opportunity for interpretation or initiative.

With the Public Health Nurse and the school nurse the case is different. Problems are constantly arising which call for a prompt decision as to whether the need is one which the nurse can meet alone, requires the presence of the doctor, or must be turned over to some other social agency. It is in this part of her field that the nurse has had the least training and now has the least help. She is compelled to attack most difficult problems under circumstances of inadequacy and prejudice which would baffle the expert physician. It is not strange that errors are made, and, when blame falls upon her, in self defence she falls back into hopeless routine.

Many times when she has worked out a satisfactory program she is called upon to interrupt it, or even to lay it aside, that she may spend her time upon interminable reports. The very indefiniteness of her duties leads her supervisors to assign miscellaneous tasks until in time she finds herself little better than an errand girl. There is a sense of futility and failure. She is discouraged and feels that she has lost her way in a job that leads nowhere and accomplishes nothing on the way.

The clinic and the laboratory are the places in which methods should be worked out which can be used by the nurse in the school and the home. Much has been developed there which would be serviceable if more time and thought were taken to put it into available form. There is need of a program which will definitely determine what health work can be done most effectively in the home, and also what methods are to be employed there as distinguished from those of the hospital and clinic.

The Public Health Nurse deals with children and with mothers of narrow experience and limited training. Even capable persons when overstrained or ill become more like children and require executive assistance. *A chief function of the nurse is to size up the resources and needs of a situation, and to act as the adviser and executive in clearing the difficulty and starting all concerned on a constructive program of action.*

Social as well as mental and physical disease is a crippling agency of remarkably disabling power. The community nurse must be a social diagnostician and in many cases she must make medical diagnoses as well. The mother has a medical point of view which has come to her from experience with her children. The nurse has a basis for this experience which has come to her from

her clinical training. Her wider vision makes it possible for her to contribute to a clearer definition of the part the mother can bear in carrying out the health program. In earlier days the whole responsibility usually fell upon the mother and her neighbors. It is not strange that when the nurse with her special training came into the homes it was assumed that the entire task was hers in so far as she would undertake it. One of the most satisfactory results coming from our experience with nutrition clinics and classes has been an increasing recognition of *the distinctive part there is in this work for the mother.*

The families one has to deal with fall into two groups. The first of these, and fortunately by far the larger, seeks to help and shows a desire to co-operate in meeting the difficulties which are too great to bear alone. The second group consists of exploiting families who will let you work your heart out and say "Yes, yes" to all that is proposed; also of those families which are really defective or vicious. The latter type includes many forms of subnormality and requires expert handling. They are often menaces to the community, and it is one of the functions of the supervising executive to see that such cases are cared for by the agencies especially fitted to deal with them. The community nurse should be the one to discover such problems and then, through her superior officer, to get them into the hands of specialists and special agencies.

In caring for the second group the time of the nurse is so taken up that the first group is almost forgotten. Recently we found nearly all the workers in a clinic were giving the greater part of their time to a family which appealed to them. It was discovered after a time that the mother of this family was mentally defective and the effort made proved largely to have been wasted.

In the same clinic was a family which had been regular in attendance for six years yet had in that time received practically none of that definite instruction without which medicine supplied is worse than useless. This mother was intelligent and ready to do all that she could. As soon as instructions were given she began at once to carry them out very sensibly.

Not all that needs to be done in this work can be attended to at once so that our time must be planned to undertake that which will count the most. The major part of our effort should be given to members of the first group.

In dealing with the second group one must find the point of possible control—in some cases a weakness, in others a source of strength. By these means the families must be ruled until there is a beginning of order and responsibility, looking all the time for more fundamental resources upon which more permanent control can be based. It may be necessary to stop supplies or to use some other drastic method. A nurse must be able to "lay down the law"

in terms that will not be misunderstood, but she should not make the mistake of dominating a situation for the sake of doing so, or of using inferior controls when higher ones are available.

It is not safe to take too much for granted even with the best of people. An occasional night visit will reveal needs which any amount of inquiry has not brought to light. The nurse must remember that her business is to get people well and to prevent sickness. She must be able to use her wits to make it easy for others to do as she sees fit. Of course this means that she must be very sure that she is right in what she is requiring. She will use tact, diplomacy, force, but in every case her families must see that she means business and that she is bound to get the essentials of health into their daily life.

The right living of one child may be the means of benefiting an entire family. Actual results are the most eloquent arguments. A definite weight gain following a change of program will remove prejudices and fears and will convince when hours spent in urging have failed.

A frequent cause of failure comes from unwillingness on the part of the nurse to follow the line of least resistance. There are often a number of satisfactory roads to a desired end, but several of them may be blocked by our over-devotion to the one we chance to know best. In matters of diet foods used by immigrants may be entirely adequate and yet a nurse with "a little learning" will use almost superhuman means to try to uproot a good habit in order to replace it by another which is very good in itself but quite unnecessary in the present case.

The important matter is to know what is wanted and then to be on the watch for signs as to the best means of reaching the end. In the case of a little girl it seemed impossible to get her to sleep with windows open. After long and strenuous efforts it was found that her opposition was entirely due to fear of cold. Acquaintance with the use of a hot water jug brought her into line at once. A boy who was unwilling to have his window open was found to be afraid of cats. As soon as he was shown that screens in his windows would make it impossible for a cat to enter he was content to have them wide open.

The most difficult problem in this work is the lack of proper organization in the home. We find that malnourished children recover health and strength almost in direct proportion to home control. This condition is of special importance in tuberculosis families. All the wisdom a nurse can gain is needed in attempting to help set right a disordered home, and yet it may be that all else she can do will prove to be in vain until this central difficulty is removed.

It is remarkable that the school nurse has so seldom an opportunity in the school to make use of the class method, for this method furnishes

the most effective means for carrying on not only health work in the school but in other divisions of community service.

The community nurse can form classes as she visits, grouping together like needs, and thus be able to increase her efficiency many fold. We have found in handling a nutrition class in which we had supposed a number of workers would be necessary, that it was possible to accomplish more with a single worker than had been hoped from several. It is important to get into the homes, but much of the routine home visiting is wasteful of the energies of all concerned. Most of the care required can be given better in the office of the nurse, especially if her office is fitted up as a class room for the care of groups.

Instructions needed by one mother can generally be given just as well to several at the same time, with the added advantage that the spirit of competition enters into the group meeting, and many a mother comes much more quickly to see what should be done when its effects are already evident in the progress of another mother's child.

We find the best results come from a class of children of similar needs, as for instance twenty children suffering from malnutrition caused by various defective physical and social conditions, who come together once a week accompanied by their mothers. The children are weighed and arranged in the order of the progress made. Behind each child sits his mother eagerly comparing her child with the others and taking in not only the special instruction called for by her child's needs but also that given each of the others present.

In this way the experience of all the families is pooled for the benefit of each. We find too that this meeting of the parents under favorable conditions helps in the study and correction of faulty home conditions. Frequently obstacles too great for the authority of the parent and for the undeveloped reason of the child yield in surprising manner to interest developed in the class.

As has already been suggested, prejudices and fears are removed through knowledge of results obtained, and a mother will be convinced in a moment when hours spent in argument with her by herself have failed to move her. *The approval and disapproval of associates is too strong an incentive to be left out of a community health program.*

Apart from the evident advantages of group or class work much of what the nurse is now doing can be much more effectively done by appointment than by running around after the families who soon feel that they are doing a favor by receiving the nurse at all. At a central station volunteer helpers and others who have been trained to do simple bandaging and similar service can be utilized.

In many homes the nurse is doing what can be done by the mother or the older brother or sister. The community nurse must not forget that

services of those who have had training in first aid as boy or girl scouts can be utilized. The part of the nurse is to do the work first only, and then have it continued by others, preferably members of the home, working under her control.

The advantages arising from utilizing comparatively inexperienced helpers have been well shown in the care of childbirth cases by second year medical students. Under adequate supervision the loss of life among the poor with this added help became as low as it is among the rich who rely upon highly trained specialists, and lower than it is among the middle class who have the usual care.

First, last and always, the community nurse must not forget that she is an executive. Like any good executive there is nothing that she is too good to do if it is necessary, but her job is to get as much effective health work done as possible, and this can only be done by using what others can do as well as by doing things herself. "It is better to set ten men at work than to do the work of ten men."

One common error is to fail to find out who is the real directing force in a home. In one family the nutrition worker had spent many hours with a mother who seemed willing to co-operate but yet no progress was made. At last it was found that no decisions were made in that home without the agreement of the father. He was called in and at once saw the meaning of what we told him about his children, who then came up to normal standards very rapidly. That was six years ago but today a postal card sent to that father would promptly bring to the office or clinic any member of his family whom we had occasion to see.

This executive relationship is needed in dealing with the families of the second group referred to earlier in this paper. It is important that child-helping organizations be led to see the necessity of requiring co-operation. If parents will not do what they can to help, more pressure must be put upon them. Many nurses are tied up by lack of control in families in which they are interested which should be turned over to the Society for the Prevention of Cruelty to Children or other such agencies.

Greater firmness will clear up many of these difficulties. In a recent experience we were told by the nurses that it would be impossible to secure the co-operation of the mothers and that they could not be induced to attend the nutrition classes to which their children belonged. At this very time the nurses were writing orders for food and other supplies to be sent into these homes. The mothers were holding a club over the head of the nurses when it was perfectly possible for the nurses to have the whip hand if they would brace up and meet the situation.

When we make these statements we have only the good of the fam-

ilies in mind. In this instance the children were, at the best, averaging only 112 per cent. of the average gain in weight that should be made at their respective ages, while a few blocks away, where the principles we are advocating were fully in operation, children from the same types of families were gaining at the rate of 369 per cent. of the expectation in weight.

In this situation we investigated the health habits of the children placed in our classes. It should be borne in mind that they were members of families, all of whom had been under the care of these nurses for considerable periods of time. Yet we found 72% of them were still using tea or coffee or both; 64% were keeping late hours; 28% were not taking sufficient food; 36% were eating too fast and 54% were suffering from over-fatigue due to extra work in clubs, classes, churches and industry; several children had scarcely a free half hour in a week's time.

Instead of attending to these matters of fundamental importance there is a great temptation to sociability. An appalling amount of time is spent in neighborhood talk. There are things in the family life which it is important not to know! One of the greatest problems in social work is to know how to go just deeply enough into a case without going too far.

Another difficulty arises from the tendency of the nurse when left to her own devices to become devoted to some particular family or child. It is this mother nature which gives the nurse her greatest value to the community, but like a mother she can carry her devotion too far. Instances are not uncommon in which the nurse is jealous when anyone else does anything for the special object of her affections.

The remedy for these and many other difficulties lies in proper supervision. Unfortunately many supervisors have justified the impression that they exist for the sake of repressing and restraining those who are unfortunate enough to be under their control. *Real supervision means a freeing of the powers of the workers by setting them at the tasks for which they are best fitted, and by providing the social machinery which gives them direct benefit of the successes and failures of others, as well as of the best expert knowledge on the problems they have in hand.*

Constructive supervision will prevent the nurse from following her old lines of habit in over attention to individuals, to special cases and details, and prevent her from falling into deadly mechanical routine.

When one is working alone there is a tendency to let work drag along. There is no one to help in keeping on right lines and a case will not be cut off when it should be. Often the family or child which is taking the most time needs to have a new force brought to bear upon it which will find out what

is the matter and clear the situation for proper action.

The supervisor will also be able to get behind the scene and reduce the waste of time spent by families and nurses waiting in the dispensaries. It is easy for the nurse to justify spending a whole morning getting two or three children cared for in a clinic, but when she can do no better there should be a power which will see that the system is altered. A part of this delay is due to faulty physical examinations which are so poorly done or recorded that repetition becomes necessary. This again is not a matter which the nurse can change but requires the attention of the higher executive.

There is much valuable social machinery in mothers' clubs, parents' organizations, child-helping agencies, and societies working to accomplish particular ends, which can be made several hundred per cent. more effective when they are properly linked up with the community nurse service.

The more thoroughly socially minded and executive the supervisor is, the more she will bring her workers up to this higher plane of efficiency. Many of these workers have "single track" minds—the job is to get a social rather than an individual motor running on that track. The need in this community work is not so much increased technical training as it is a matter of utilizing group methods.

The supervisor however, in her crucial position cannot have too high a standard of technical as well as of administrative training. She encourages those associated with her to growth and progressive thinking and furnishes them the support upon which to fall back when need arises. She realizes that the one who is working at close range with people must have "orders" to be carried out when the need for them arises.

Among the means which the supervisor uses in educating her associates and in seeing that results are accomplished are the following: conferences, the right kind of reports, order and instruction sheets, correspondence, visits made in company with the nurse and others which follow up what she has done. These and other methods have little value, however, unless they are used to find out the real facts in the case and reveal better ways of organizing the work and of helping the nurses to do it.

The supervisor is a general in charge of a campaign of more importance than many battles have been. It is her work to know thoroughly the needs and resources of the whole community, to form policies and to see to it that her assistants have part in making them, hold to them, and do not become "muddled with the unimportant."

Summary

The business of the Public Health Nurse is to get the essentials of

health into family life—to make people well and to prevent them from becoming ill.

The most urgent need is for more definite measures of results, and for methods of work especially adapted to family and community needs.

Under present conditions the work is poorly organized and fails to utilize the special training and native ability of those who are doing it.

One means of advancement is the utilization of more social methods. An important tool is the class method as it is used in connection with nutrition clinics. The nutrition problem affords a center of attack for the work of the community nurse. One-third of all children of school and pre-school ages are underweight for their height and are suffering from malnutrition. The weight record used in measuring progress of individual children can be adapted to family records and used as a measure of the work of the nurse.

The children and adults with whom the community nurse has dealings are in need of some one who can interpret their needs and organize their resources—she must bear an executive relation to them. She must be a social diagnostician and often must make medical diagnoses as well. Instead of doing everything herself she must get others to do under her direction what she has already taught them to do.

The families dealt with can be grouped in two classes—those who are unable to meet their difficulties alone but are ready to co-operate, and those who are exploiters, mentally deficient or vicious. The latter group wrongly consumes most of the nurse's time. Her chief function should be to identify the cases and get them into the hands of those who are specially trained to care for them. Her work for the most part should be with the members of the first group. In her dealings with the second group she must find the point of possible control and rule through that.

In matters of diet, etc., one should follow the lines of least resistance and not insist on changes when the old way will serve as well as the one the nurse happens to prefer.

Clues and signs must be watched for which give the meaning and solution of situations.

The class method brings much of the routine work to the nurse's office in classified groups so that time and energy can be saved and each member of a group be benefited by the experiences of all.

There is a natural tendency to become over-devoted to special cases and let work drag along. The correction of these conditions forms an important part of the work of the supervisor, who will also be able to remedy such difficulties as delay in the clinics and insufficient physical examinations. She will also plan for the co-operation of existing social agencies and the crea-

tion of new ones to meet other needs.

Supervision is a matter of co-operation and construction, and not, as so often assumed, of repression and restraint. The nurse does not so much need additional technical training but rather aid in utilizing group methods. The standards of both technical and administrative training cannot be too high for the supervisor. In working toward this social standard she will use in new ways such means as conferences, reports, order and instruction sheets, joint and follow-up visits. She will bring her associates to form policies, and will turn all the resources of the community and of science to making her assistants free to carry out and improve these policies.

Preparation of the Public Health Nurse for Tuberculosis Nursing*

BY MARY VAN ZILE, R. N.
Field Supervisor, New England Division, American Red Cross

TUBERCULOSIS nursing must be done by a broadly trained Public Health Nurse.

What then is tuberculosis nursing?

On the practical side it is the care and disposition of the tuberculosis patient and his family.

(a). The sick must have the best possible chance of restoration to wage earning capacity and therefore to happiness.

(b). The family must have sufficient support and friendly encouragement to maintain the normal standard of living both for the patient's peace of mind, and for the economic welfare of the community.

(c). The community must be safeguarded by the teaching of precautions to the patient, to the family and to the public, and the spread of the disease must be prevented by the enactment and enforcement of laws and ordinances for its control.

(d). The public must be educated to support preventive work and to encourage physicians and specialists who are doing tuberculosis and research work.

All this must constitute a demonstration to the public so that they will insist upon every possible measure for the control of the disease. Supporters of the movement may do this work, but invariably it is the nurse who must have the vision which leads them.

What constitutes a broadly trained Public Health Nurse?

A nurse for public health work

*Paper read before the Nursing Section, National Tuberculosis Association, June 17, 1919, Atlantic City, N. J.

must be qualified by character to give her patients and the general public a conception of higher living. She must have such conviction of the value and need of her work as to give impelling force to her teaching—in other words, she must know how to "get it over" to them. She must of course be technically educated, must have the mentality which will fit her for dealing with the daily problems of disease and of the community welfare. She must have thorough hospital training in the science of prevention. Unprofessional workers fail because of their lack of technical experience. Professional ethics, also, are extremely necessary in dealing with situations involving jealousy of physicians and the lack of understanding of other social workers.

To do tuberculosis work a nurse must have not a personal but a community viewpoint, and the post graduate training in public health is a most valuable means to this end, provided, however, it includes training in the specific needs of tuberculosis work. Since nurses are called upon to do specialized tuberculosis nursing, they must have specialized training to prepare them for it.

What is Preparedness for this work?

We have shown that the nurse must have a very definite comprehension of the need in order to be successful in tuberculosis nursing. She must possess the background and the training to meet the need, and must have perception and aptitude to make her work effective.

Having carefully considered this subject we shall accomplish little unless we formulate recommendations for the training of the Public Health Nurse to do tuberculosis nursing. We know how little experience physicians and nurses have in the care of tuberculosis patients before graduation. It seems to be conceded by hospital authorities that tuberculosis wards or wings could suitably be included in the plan of the general hospital, thereby giving physicians and nurses tuberculosis training. Patients would go to such wards in earlier stage than they would to special hospitals, and this would give not only a better hope of cure, but the training would give assurance of better nursing in our sanatoria and in the homes of the people, both for private duty nurses and for public health work. Objections to this system are chiefly the traditional prejudice against the disease which is entirely outlawed by modern methods with other contagious diseases. Another way of giving nurses more training would be by affiliation of general hospitals with tuberculosis sanatoria as part of the training school curriculum. The necessity for such training in tuberculosis nursing in all courses of public health work has also been shown.

Let us then consider this resolution:

WHEREAS, The Public Health Nurse is expected to fill the requirements of specialized nursing;

WHEREAS, A Public Health Nurse is now inadequately prepared for tuberculosis nursing;

WHEREAS, The safeguarding of the community against this disease is one of the great responsibilities of all present day nurses, therefore,

RESOLVED, That we recommend to the National League of Nursing Education that they consider including in the training of tuberculosis nurses the following preparation;

The nursing of tuberculosis patients in general hospitals;

The affiliation of general hospitals with tuberculosis sanatoria for the training of nurses;

Specific training in tuberculosis nursing in all post-graduate courses for Public Health Nursing;

The continuous education of nurses in the field in progressive methods of tuberculosis work.

Tuberculosis nursing is a necessity in any community.

To get it well done we must train the Public Health Nurse for it. Let her have adequate knowledge of the disease and its relation to the community, then give her the vision and the enthusiasm to make her a leader in the effort toward its control.

We must realize that we cannot furnish efficient tuberculosis nursing unless the Public Health Nurse is given adequate, specific training in the relation of the disease to the community welfare.

They tell us that in the Great War the price of ignorance was blood. In this tuberculosis nursing, the price of ignorance is Death. The fruit of adequate preparation is Life.

County Tuberculosis Nurses

BY ELIZABETH S. SOULE

Supervising Nurse, Washington State Tuberculosis Association

IN Washington the Rural Public Health Nursing Service covers a period of over six years, the first nurse having been placed through the efforts of the Washington Tuberculosis Association. The following year the Association fostered a bill which passed the Legislature of 1913, providing for the County unit plan of sanatoria and allowing county commissioners to employ a visiting nurse, or nurses, for tuberculosis work. To date, there is no other law in our State which allows a county to employ a Public Health Nurse. This fact, coupled with the enormous territory which a nurse must cover, has necessarily made the policy one of specialization, looking toward generalization, as more nurses can be added.

From the beginning, due to the foresight and guidance of the Executive Secretary of the association, a very high nursing standard has been required. No nurse has ever been recommended by the Association who has not had training and successful experience in the Public Health Nursing field. The results have justified this policy.

We now have sixteen county tuberculosis nurses in the field, some of our most populous counties having two. Our nurses are doing intensive work, and as much school work as possible, at the same time lending their help and support to all health activities in their counties.

Through the cöoperation of the Leagues, many of the nurses have been furnished automobiles by the county commissioners. One, however, uses a motor boat in her Pacific ocean "beat"; her experiences would make an interesting story.

About three years ago in one of our counties when the nurse had been working only a few months, a new Board of Commissioners came into office.

They were most decidedly unfavorable to any branch of Public Health Nursing, but on account of the influence of the Anti-tuberculosis League, did not deem it advisable to deliberately drop their county tuberculosis nurse, so they cut the salary $25.00 a month, with the expectation that she would resign.

To their chagrin she felt it was worth $25.00 a month to remain and convince them that the work was an economic asset as well as a humanitarian undertaking.

The immediate result was that the Commissioners watched her work much more closely than would otherwise have been the case, and it is with pride that we

quote from the letter received by the Board in another County from the very man most opposed at first to the work:

"I desire to say that, in my opinion, the employment of a county nurse to aid in the fight against tuberculosis, is one of the most fortunate things that our county ever did.

"I feel free to confess that at the time the nurse was employed, several years ago, I had some doubt whether the amount of work that could be done along this line would justify the county in going to the additional expense, but actual experience has convinced me that the value of the work cannot be counted in dollars and cents and the little additional expense is justified many fold in the good accomplished.

Today the work in this especial county is developing so rapidly that a second nurse will undoubtedly soon be employed, due in large part to the fact that the first one had the good of the community and her profession at heart and rose above the discouraging personal situation.

During the past year, the number of nurses in the rural field increased so rapidly that a conference of County Tuberculosis Nurses, the first of its kind in the northwest, was held in Seattle and it is felt that rural tuberculosis nursing is now well established in Washington.

Health Inspection in Schools and Tuberculosis Work

BY MARGARET HUGHES

County Tuberculosis Nurse, Pacific County, Washington

WHEN we sum up a month's school inspection work and put it down in the form of a report it usually looks like this:

Malnutrition	70
Nervous	43
Enlarged or diseased tonsils	126
Nasal obstruction	48
Cervical or other glands	93
Decayed teeth	265
Tuberculosis suspects	4
Predisposed to tuberculosis	6

This does not mean that one district group is suffering from malnutrition, another district group from nervousness, another from carious teeth, etc. It means that the child with decayed teeth, with diseased tonsils, with overworked lymph glands is also suffering from malnutrition and many times from nervousness. Add to this condition an attack of measles, whooping cough, or scarlet fever and, again, the perils of milk from untested cows, the unfumigated home (or what is more important by far, the uncleaned home) where the tubercle bacilli may lurk from a previous occupant, and we have a potential tuberculosis case.

What is the solution? The old condition of *laissez-faire* must by all means be changed. If we await the development of tuberculosis till the diagnosis is obvious to the average layman our problem will

never be solved. We must concentrate on the child and every means available must be brought to bear to make and keep him physically fit.

Among 1,300 school children from 19 schools 67 had a family history of tuberculosis. Knowing as we do that the tuberculosis infection dates from childhood we can be reasonably sure that the children in those 67 families are infected with tuberculosis.

I said that every means available must be utilized to make and keep the child physically fit. But more than that. If the means are not available they must be created. Some things have been done. Much remains to be done. Much has been done in some places, especially in cities, little or nothing has been done in the rural communities.

Our ideal is the normal child and the avenues of approach, in trying to reach that ideal, are several. One of the biggest things that has been done—one of the things that will have the most far-reaching effects though the results can never be tabulated—is the introduction into our schools of the Modern Health Crusade Leagues. Dignifying the habits of personal hygiene, surrounding them with the glamor of chivalry, introducing the competitive element, stressing physical fitness from a patriotic motive, have all popularized and made the plan a wonderful aid to health. The health habits formed now is the child's first gain over the infection that is latent within him.

Hand in hand with the modern Health Crusade is the monthly height and weight record. These charts originally obtained from the Child Health Organization, New York City, at quite an expense, are now to be had free from the government.

The charts record the height and weight monthly and give the normal gain per month according to age and sex. All children are interested in knowing whether they come up to the normal. If a child falls below, he questions why, and his diet and habits come under scrutiny. Time and again with the substitution of milk for coffee, or 8 o'clock for bedtime instead of 10:30, the desired gain has been made and a valuable lesson learned. A persistent failure to measure up may indicate a pathologic condition and is an indication for an examination by a physician. Progressive schools are purchasing scales that there may be no lapse, or errors in weight or height, and with each move, physical fitness as a corrolary of mental development is receiving an impetus.

The tuberculosis infection dates from childhood and is intimately associated with malnutrition. As you know malnutrition is as common to country children as it is to city children. Neither is it confined to children below the poverty line, because malnutrition means much more than insufficient food. It may

mean badly balanced rations—it may mean improper mastication due to decayed teeth. Whatever the cause it is far too often present and one of the best counteracting influences is the warm school lunch. It need not be complicated. One warm dish to supplement the usual cold lunch is enough unless one wishes to do more. Perhaps it will be cocoa, or rice, or some soup with a milk basis. The value of the hot lunch is not alone in the nourishment it provides but in the opportunity it gives for teaching food values. Besides, children seated about under the teachers' eyes are much more likely to eat hygienically, and the aesthetic value is not to be discounted in its influence on home standards.

I believe fresh air rooms are as essential in the rural communities as in the cities. If the fresh air room, the rest hour, the nourishing food can transform the pretuberculous, inanimate child incapable of mental effort, into a laughing, rosy cheeked child that out-ranks his fellows in academic achievements, as I have seen it do in roof-garden schools in the city, why not apply the same methods to the same type of child even if he is found in an entirely different environment. The rural schools and homes are notorious for their exclusion of fresh air, and the defenseless child is the sufferer.

One of our aims must be to teach the elemental principles of personal and public hygiene. Our rural teachers are recruited largely from the local High Schools and the training should be begun there. In all High Schools of the county courses in home hygiene and care of the sick and in community sanitation should be given. But to have the proper dignity they should be a part of the curriculum and credits be given. Fifteen periods of an hour each would be valuable training for every girl whether she becomes a teacher, stenographer, wife or mother.

I hope each year will see play emphasized more and more, play ground equipment made part of the requirement for standardization, and play come into its own.

Games give grace and poise and are natural corrective of nearly all bad postures of the school room. Some games are recommended for physical training, a period of the regular school time at least once a week. Games promote physical efficiency, alertness, self control and respect for the rights of others. They are also a great producer of joy, and I am a strong advocate of pleasure. Children who have been indulging in games will go to their work with all differences forgotten, and a happy frame of mind is no negligible factor in mental and physical well being.

The relation of remediable physical defects, adenoids, tonsils, carious teeth, etc., to the general health has been demonstrated so often that to restate it here would be merely superfluous. But the

means employed to get defects corrected might be mentioned. Of great educational value are slides shown wherever opportunity affords, the Grange, Parent-Teachers Association, Women's Clubs, etc.; the weekly or bi-monthly health column in the local papers, and the leaflets accompanying the notice of physical defects. Follow-up visits of course are essential, and, where there is financial need, free medical, surgical and dental treatment is necessary.

In order to determine what a child's physical condition is, and to bring it up to the normal if possible, occasional or frequent clinics are necessary. Dental, orthopedic, phychological and tuberculosis clinics, and clinics for medical, surgical or eye conditions. A tuberculosis clinic with a specialist in charge is essential for the discovery of incipient tuberculosis. All cases of malnutrition, all children from homes in which there has been a death from tuberculosis, and all post-influenza cases should have the benefit of X-ray and expert advice. To be sure before the age of 12 the chest findings are likely to be negative but that is not at all conclusive. From baby-hood till 7 years of age the Von Pierke will be positive in a large majority of cases. The big thing gained is this: the child, apparently well, is brought to the clinic, history taken, temperature taken, weighed, measured, examined, haemo globin taken, Von Pierke, fluoroscopy and radiogram made. The Von Pierke may be positive, the radiogram may or may not show suspicious shadows, but even though the findings are all negative, the possibility of a latent tuberculosis is explained, the necessity of a healthful regimen stressed, and the parent and child go way with a new regard for the value of a complete physical examination while still in health. There are many other factors which hinder the fight against tuberculosis, bad housing, lack of Americanization, etc., but the public health program is always educational and the campaign will be crowned with success ultimately.

Future of Public Health Nursing in California

BY EDNA L. HEDENBERG, R. N.

AN English professor once told me that a title should be like an ideal, something the promise of which one struggled to fulfill. So I have rashly labeled this paper, though I know of no one who has vision or enthusiasm or wisdom enough to predict the wonderful future of Public Health nursing here or elsewhere in the United States.

In the field of Public Health, during the last fifteen years, there has gradually come about a change of emphasis from purely remedial to preventative and constructive methods. The Health Department of for-

mer days was content to quarantine a patient after the disease was contracted; the Health Department of today hunts for the source of infection, and much effort is expended in keeping the water and food supply uncontaminated and in teaching the community, the laws of health.

With this new conception of public health, has come a daily increasing demand for the Public Health Nurse, for authorities universally recognize that the nurse is the central figure in the modern educational campaign of prevention. No better way has been found to instruct the people than through her; no better point of attack than the homes into which she goes; no greater factor in the spread of disease than the individuals whom she cares for and educates. She also is a product of evolution. She began as a member of a visiting nurses' association for the care of the sick poor. Gradually the scope of her activities widened, until today, they include tuberculosis, prenatal, maternity and infant welfare nursing, the health supervision of school children, the control of communicable diseases, social hygiene work and industrial nursing.

The steady normal growth of peace times has received a wonderful impetus as a result of war conditions and war activities. For the great conflict, which was so ugly and so beautiful, so costly and yet so cheap, so complex in every way, that no one comprehends it fully, has taught the nation no more valuable lesson than this: that the health of each man, woman and child is vitally important to the state. As you know, during the war, the United States for the first time employed Public Health Nurses, forming extra cantonment zones around the camps in order to protect the soldiers from infection through the civilian population. That the venereal disease rate was the lowest of any modern army was due very largely to their efforts, and communities, which before the war had lacked entirely a sense of public responsibility for the health of their citizens, were taught health and sanitation by house to house visits. Not only did these women prove so successful, that Surgeon-General Blue is now conducting a nation wide campaign to educate communities to their need of Public Health Nurses, and to increase the supply of nurses trained for this work, but almost all of the zones have so fully realized their worth, that the civil authorities have taken over and made permanent, the nursing service.

Labor, too, has felt the effect of war time health measures, and many plants are employing nurses, with new converts every day. Industrial nursing, though, is still in its infancy. Very few business men realize its possibilities. To the majority, it means simply an emergency hospital, where men may receive first aid, when injured. However, the big factor of industrial medical service is, that it pays, and American business men are not slow to adopt methods that produce results. One middle western firm considers

it a very good investment to spend $60,000 a year on a medical department which includes doctors, dentists, and nurses who have the direct supervision of all employees and their families. When this house began to employ industrial nurses several years ago, it was necessary for them to give 75% of their time to curing sickness, the remaining 25% being spent in preventative and educational work. Today this ratio is exactly reversed. The man who is sick, the man who is worried about his sick wife and the man who is discontented, are expensive employees, their work is not up to standard either in quantity or quality. The nurse is a factor, not only for health but also for a more cordial understanding between employer and employee. That is why the medical department is a sound business investment, and the demand for industrial nurses will steadily increase.

So, the nursing profession today has presented to it a constantly widening field of endeavor. This limitless opportunity to serve community, state and country, is perhaps our particular fruit of victory. Are we big enough and wide-visioned enough to grasp it?

With the rapidly growing demand for more and better fitted Public Health Nurses, we are facing a very real shortage. There were not enough of us before the war and now, with the needs created by the recent epidemic and reconstruction programs, the situation is becoming acute.

More and more frequently, situations such as this arise: a town or county becomes interested in establishing Public Health Nursing. Meetings are held, a campaign of publicity started, and the necessary funds are provided. Then it is discovered that no nurse is available, and so much valuable interest and enthusiasm are lost. Saddest of all occasionally a nurse untrained in social service is obtained, which usually results in Public Health Nursing receiving a very decided set back in that locality. So much publicity is given at present to the need of preparation that any nurse who, without special training, accepts such a position should realize her limitations and feel that she is not giving to that community all it has the right to expect.

We may be reasonably confident that the needs of the more remote future will be met by the training schools. It is quite apparent that the hospital must train nurses for public health as for private and institutional work, just as law schools must teach civil as well as criminal law. The beginning has already been made, for the Red Cross is now financing a course for student nurses in Chicago, and it is only a question of time when many more such courses will be arranged. Our problem is the more immediate future; the demand is for nurses *now*.

The American Red Cross, the United States Public Health Service and the National Organization for Public Health Nursing all recognize this, for they are at present making a united effort to interest us in this branch of nursing. The University of California offers a course in public health, and both the National Organization and the Red Cross are providing scholarships for nurses who are financially unable to take the training.

Since nurses must consider the purely personal advantages as well as the more altruistic aspects of their work, let us compare Public Health Nursing with private practice, which is the choice of the majority.

First, as to salary. We must frankly confess that Public Health Nurses are inadequately paid—$100 per month without maintenance being the average for field workers. There is, though, a perceptible tendency to increase this, and the National Organization is working toward that end. It does make a poor showing when compared with the private nurse's $30 and $35 per week with board, but when the yearly incomes are placed side by side, the difference is less apparent, for few nurses are physically able to go from case to case without rest periods. Since sickness and vacations mean a total loss of salary to her, while most public health organizations allow a yearly vacation with full pay and at least a percentage of salary during illness, the comparison over a period of five years, would in the majority of cases, show a balance in favor of the Public Health Nurse.

Speaking of illness, the occupational hazard of our work is not as great as one might think. It is true that the nurse cannot register against diphtheria and other communicable diseases, when she happens to be below par physically, but the hours are regular—an eight-hour day, with Sunday and a weekly half day off duty,—and much of her time is spent in the open air; two powerful factors that make for health conservation. She must, of course, have the health to be conserved. Women broken down by other kinds of nursing, cannot make good, for the daily physical and mental demands of the work are heavy. Probably nothing is as maddening to our executives as the so-called "lame ducks" who apply for positions on their staffs, because as they so frankly and naively state, they want to be able to go to bed and sleep all night.

Undoubtedly the greatest drawback to private duty is the lack of a future, and probably one of the greatest advantages of public health is the very promising one it offers. At the end of ten years, a woman who follows the first path, will still be doing private duty, earning the same salary, but the nurse who travels the second, if she is ambitious, will either be an executive, or will hold one of the more important unsupervised positions, with a salary

somewhere near commensurate with her responsibilities.

Honesty compels me to admit that there is one comparison that is very much to the advantage of private duty, that of environment. As she goes from case to case, a nurse has opportunities to meet many very charming and interesting people. She may live for weeks at a time in the harmonious atmosphere of some beautiful and artistic home; but the Public Health Nurse must work mainly among the poor and the ignorant, amid dingy and often squalid surroundings. She learns both the unspeakable ugliness and the wonderful nobility of human nature. Without having been at the front, she understands perfectly the feeling of the army nurse who wrote,

> "It was life in the raw.
> But it was real life we saw,
> At Fleury so rare."

Some one has said generalities are always loose and often inaccurate. Not all private patients are interesting and cultured, as we know, and I can remember quite vividly sitting on a soap box in a certain woman's combined living, dining, bedroom and nursery, listening to an Amato record of Pagliacci played on a victrola of the $150 variety, while I bathed the newest baby in the dish pan. I am sure no one has ever heard Signor Amato under more piquant circumstances.

Please do not think that I would belittle the importance or the worthwhileness of the private nurse. She has made for herself an unassailable place in our civilization, and she needs no defense for existing. But I am trying to present the career of the Public Health Nurse in an attractive enough light to induce some to join our ranks, for there are too few of us, and for the present, at least, plenty for individual case work. In the best sense, all nurses who live up to their opportunities, are Public Health Nurses, teaching the principles of right living to all with whom they come in contact, but like the "Lady of the Decoration," some of us were born specialists. There are many, however, doing private duty who would be equally happy and successful in public health, and we do need them.

While our smaller towns and rural communities are calling for nurses that are not forthcoming, we in California, are facing another situation which is peculiarly our own problem. We have a law authorizing the state to employ health visitors, that is women who have taken specific college courses in hygiene, sanitation, etc.—to give health instruction in the home. California is rather noted for undertaking unusual experiments, probably a result of the pioneer spirit of which we are so proud; but the National Organization for Public Health Nursing, does not hesitate to call this particular experiment dangerous, and most of our experienced leaders agree. It is not because we jealously feel that this work is our particular child (though it was created and nur-

tured by nurses), that we selfishly want to keep it to ourselves. We feel that the work itself will suffer at the hands of women who lack the first firm practical foundation of a nurse's education, no matter how many specialized courses along purely scientific lines they have taken. Think of the disadvantages under which the health visitor, without a nurse's training, must work. Consider, for instance, this situation, which, with variations of detail of course, occurs frequently. We will say a certain tuberculosis case has been reported. When the visitor arrives, the patient's wife is none too cordial. Perhaps the neighbors have been complaining about the coughing, or some one has too insistently urged hospital care, but aside from this, it happens on this particular day that she is quite worn out, having been up most of the night with a fretful sick child. Now the health visitor would of course, find out if a doctor had been called, and if not procure one. Possibly she would suspect that the child had pneumonia, or possibly not; in either case, her courses in health and sanitation have not equipped her to be useful in this situation. And the nurse! She, too, would procure medical aid as soon as possible, but in the meanwhile, she would discover that the child's temperature is 104, would give it a bath, and probably an enema, make some helpful suggestions to the mother, and leave the kiddie all comfy in a clean bed and an aired room. Is there any question as to which visitor would procure the more successful co-operation from this family in subsequent visits? The nurse's ability to serve, to give this practical, intimate sort of help, is an open sesame to homes that no amount of friendliness alone on the part of the visitor will accomplish. We may look at this question from still another angle. Even though we consider the educational and preventitive phases of health work only, the Public Health Nurse still has advantages which the lay visitor lacks. The latter may advise and instruct, but she has not been trained for three years to do the things she teaches, and this fact constitutes her chief weakness. She may tell an over-worked housewife that it is necessary for the patient's dishes to be kept separate and sterilized, and the reasons she gives may thoroughly convince the woman. The Public Health Nurse will go into the kitchen, and help in the humblest ways to make what she advises, possible. In the one case, the advice will probably go unheeded because of the extra labor involved; in the other, because the nurse has demonstrated it can be managed with little or no more effort, the family will be protected against infection from that source.

Apparently the United States Public Health Service agrees with us upon this point, for in a pamphlet urging the need of Public Health Nursing, Surgeon-General Blue makes the following statement:

"Remember that it requires a nurse's

training to combat disease. There is a large field for the social worker, but she cannot take the place of the nurse in health service."

These two problems—the dearth of trained Public Health Nurses and this giving over to a new and untried type of worker the field which has been so successfully developed by our profession, seem to me the most important factors in the future growth of Public Health Nursing in California, and the solving of them rests largely in our hands. So I would like, if I may, to present these two questions for discussion: How may we create a definite public opinion against the policy of employing other workers than socially trained nurses for any kind of medical social service work? And the second: If we can create a public demand for nurses only, how can we increase our supply of workers to meet it?

Nursing Work in the Telephone Companies

BY JOSEPHINE TOERING, R.N.

General Supervisor of Nursing

WHILE surgeons had, of course, been consulted in accident cases, the first medical employee regularly engaged in the Eastern Group of Telephone Companies was a nurse. A small infirmary and rest room were fitted up under the auspices of the Employees' Benefit Fund Committee and a nurse put in charge. Here employees were invited to come for emergency care—coughs and colds, minor cuts, bruises and sprains, etc. Beds were placed in one room, which was used as a "quiet room" for those temporarily indisposed, but not so ill as to have to go home. Cases requiring medical examination and treatment were referred to their own physicians. Later arrangements were made to have a physician at the infirmary for several afternoons a week. And finally, early in 1917, Dr. John S. Billings, as medical director, undertook the organization of the medical work.

The Eastern Group of Telephone Companies is composed of the New York Telephone Company, The Bell Telephone Company of Pennsylvania and The Chesapeake and Potomac Telephone Company, each of which will have its own medical department and medical officer, all under the direction of the medical director of the group. The work was first begun and is furthest advanced in the New York Telephone Company.

Not all of the 33,000 employees of the New York Telephone Company have thus far come in contact with the medical department. All who entered the ranks during the past two years, and many others who have been ill during this period, have visited the offices or consulted the physicians. Since May 1st, 1917, the development of the medical department has been rapid despite the handicap of war conditions. By June

1st, 1918, the offices had outgrown the three rooms originally occupied at 15 Dey St., New York, and the entire seventh floor was equipped. Even larger and better quarters are now contemplated. On August 1st, 1917, an office was started at Newark, N. J., for the service of the New Jersey division. On January 1st, 1918 another was opened in Brooklyn for the Long Island Division and one at Mount Vernon for the Western division. On August 1st, 1918 the medical department for the Bell Telephone Company of Pennsylvania was organized in Philadelphia, Pa., and in October 1918 a small temporary hospital was opened in Washington, D. C., to care for cases of influenza. This has since developed into an infirmary for the out-of-town operators at present at Washington.

These medical departments have been organized with the idea of accomplishing a betterment of the physical and mental condition of the working force. Employees are given work for which they are physically fitted. They are protected from exposure to fellow workers who are suffering from or are carriers of communicable diseases. By being selected for work for which they are physically fitted they are given positions that do not undermine their health, and attention is early directed to any physical defect which would later tend to impair their ability to work profitably.

Among the professional staff are men and women physicians who specialize in the various branches of medicine. There are surgeons, eye, ear, nose and throat specialists, and those who pay particular attention to the heart and lungs. Arrangements have been made to obtain the opinions of private consultants in doubtful cases of skin disease, orthopedic, thyroid, nervous and mental disorders, etc. At no expense to the employee, such opinion and advice is obtained whenever necessary. In the completely equipped clinical laboratory at 15 Dey St., examinations are made to assist the doctors in arriving at a correct diagnosis. Where more elaborate tests are required, the Research and X-ray Laboratory of the American Telegraph & Telephone Company at 16 Dey St. are utilized.

So far but one dental office has been established, that at 15 Dey St. A skilled dentist is in attendance daily from 9 a. m. to noon. His function is to examine the teeth of all applicants for employment and give emergency treatment to all who apply for relief. Applicants who have serious dental impairments are told of the fact, and if they have no dentist the names and addresses of three conveniently located dentists, who do work at a moderate charge, are given them.

Regarding the nursing, there is a general supervisor of nurses who directs and advises the work of the nurses for the entire Eastern Group of the Telephone Company. She reports to the medical director. There is a supervising nurse for each

EMPLOYEES ARE GIVEN WORK FOR WHICH THEY ARE PHYSICALLY FITTED.

EVERY EMPLOYEE IS GIVEN THE SAME CARE AND ATTENTION HE WOULD RECEIVE AT THE OFFICE OF HIS PRIVATE PHYSICIAN.

company, who reports to the medical officer and consults with and reports to the general supervisor of nursing whenever necessary. The general staff of nurses, at present numbering twenty-one, are all registered in the state in which they are employed. Their work consists of making appointments for examination, taking the histories, assisting the doctors, communicating with superior officers, minor first aid and emergency work, dressings, etc.

Great stress is laid on courtesy and kindness. Every employee is given the same care and attention he would receive at the office of his private physician. Nurses greet them as they arrive, make them feel at home, and see that only one patient is in the examining room at a time. The visiting nurses call at the homes of employees only upon request, when they are unable to come to the medical department, and with the permission of the attending physician. The purpose of their visits is to offer assistance in securing special care. They have no supervisory function whatever. All cases of tuberculosis, however, are visited and closely supervised. When it is necessary for an employee to enter a convalescent home, sanatorium or hospital, all arrangements are made by the visiting nurse. The proper institution, cost of maintenance, railroad fare, time of departure of train, outfit, in fact all information necessary is obtained and the employee is put to as little trouble as possible.

Monthly progress reports are requested and received from both private physicians and institutions; thus the employee is examined frequently and the company kept informed of the progress made. The family is instructed as to cleaning, other members of the family advised, etc.

In conclusion a few words regarding the care and comforts given the employees may be interesting. Restaurants at which the best of food is supplied at cost price, tea and coffee free of charge, are in all central offices. Attractively furnished rest rooms for both clerks and operators are in every building. In the Bell Telephone Company of Pennsylvania, dry stockings, rubbers, umbrellas., etc., are provided for rainy days, so one can readily see that the telephone companies are doing their share in the protection of the health of all of their employees.

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One of our subscribers in the far West sends the following pleasant word:

"I want to tell you how much benefit we have derived from an ad. we put in THE PUBLIC HEALTH NURSE—this Bureau has received nearly seventy-five responses thus far from nurses wishing to come West. Some of these are coming next month."

Old Friends and New Names

BY ETHEL VAN BENTHUYSEN

THE new responsibilities assumed by the Albany Guild of Public Health Nursing in the winter of 1918 have been so thoroughly justified by the results, that I would like to give an account of the steps that were taken, emphasizing the fact that the Albany public seemed ready to meet each new move, as it was made, showing a responsiveness that almost resembled expectancy.

When the new superintendent, Miss Florence Freeman, laid her new plan before the board of managers in January, 1918 there was a moment of hesitation. It seemed, under the stress of war economies, and war relief campaigns, that to increase the staff of nurses from seven to thirteen was a large undertaking. Moreover some members of the board dreaded the serious change involved in dropping from the staff a few women who were not graduates of hospitals, but were acquainted with the problems of the poor, and employing exclusively highly trained women, to many of whom visiting nursing was a new experience.

It had been the habit of the Guild to train young women in bedside care in the homes of patients, and this had made it possible to supply continuous service, though not from the most experienced hands, in cases where the need seemed to be great.

To some of the managers the short visit of an expert nurse did not seem to promise for the sick as great relief as the partly trained ministrations of someone who could stay in the home.

Indeed it was with some uncertainty that the society—then the Albany Guild for the Care of the Sick—faced a new staff, a new budget, a new name, a new office, and a new school of teaching. This school was to give to hospital nurses in their third year of training, a course in visiting nursing.

Miss Freeman had the confidence born of faith, experience, and a course at Columbia. She had to train all but her first assistant, Miss Florence Noll, in the principles of public health work; to district Albany into nine districts, while as yet there were not nine nurses to cover it; and to make the physicians in all parts of the city cognizant of the new force at their service.

For the board of managers it meant that eleven thousand dollars must be raised at once, and that publicity must be given to the movement.

And then it was that, as I said before, the public proved to be more than ready. In a few days' campaign the amount was oversubscribed.

It often seems at meetings of boards of managers that the anxious

managers who fear to advance are fearful of new responsibility. They do, indeed, fear the responsibility they can see ahead of them, the risk of debt and the confusion of an organization that has perhaps undertaken what it cannot carry out. But there is always present the unseen responsibility,—the danger of making "the great refusal"—the risk of standing still. When we say "we can't afford it" we dare to imply that there is not among our fellowmen the good will to accomplish what ought to be done. A few words were said about war-time epidemics, and fortunately we made the decicision that was to mean life to many unknown people when October 1918 came. We chose to be responsible for a larger work, rather than responsible for the danger of delay.

The new staff, new name, new budget and new officers were all in effect by May, 1918, the school started in September, after its supervisor, Miss Archer, had been prepared for it in the Columbia Summer School.

When the influenza epidemic came the whole city turned to the Guild for Public Health Nursing, as the source of help and the channel for helping. The new office was in a prominent location, with space enough to hold the extra force of volunteers, and the daily gifts of clothing, bedding and invalid food.

The nurses saw that their hour of war duty had come. Each one of them had faced the question of foreign service, but the Red Cross Nursing Service had designated them for duty at home, and had so signified by the chevron on their sleeves. They met the situation with the devotion of the happy warrior. Two nurses were taken over by the State Department of Health, but returned to the staff as the need increased in Albany. A call was sent out for voluntary assistance of any kind, and met with ready response, married and retired nurses offering their services for a few hours a day, teachers and other members of the community proffering their help in various ways. All the full-time nurses available were added to the staff, but only three could be found, which did not supply the vacancies made in the staff by the illness among the nurses themselves. Nevertheless, with the help of partly trained nurses, and with the increase in speed given to the work by the use of automobiles, the field was covered every day by sixteen workers.

The automobiles were provided by the Red Cross Motor Service, augmented beyond any known proportions and kept active by several clear headed volunteers, who telephoned appeals for cars, assigned, and started them all day. By these means nearly four thousand visits were made.

The public which was behind us then, and which trusted us in its hour of need, was fine in its appreciation. In the 1918 campaign the subscriptions mounted up to $20,000

from 4,000 contributors, and when the two rows of Public Health Nurses marched up the street in the Victory Loan parade, wearing the blue suits and hats known to all parts of the city, the cheers from the sidewalks were enough to warm their hearts.

Housing Conditions in Italy

BY MILDRED CHADSEY AND MARJORIE DAW JOHNSON

Taken from the Report on Housing of the Commission for Tuberculosis, American Red Cross in Italy

MANY OF THE PEASANTS LIVE IN STRAW HUTS SUCH AS THIS.

ALL of us who are concerned with the various problems relating to public health, and especially with those that pertain to tuberculosis, must perforce be deeply interested in the question of good housing. The sanitary and hygienic conditions of the home, in which so much of the family life is necessarily spent, is one of the fundamental requirements of good health.

In an old country, like Italy, this problem of providing good housing for the people takes on an acute form, and becomes much more than the simple problem of condemning an old building and putting up a new one in its stead.

"When we consider the difficulties which we in America encounter in condemning old, dilapidated buildings that deface our cities and serve as fire traps, because the rents from them pay the taxes and more, we may in a measure realize the difficulty of condemnation in cities like

Rome and Venice, where sections that are old in story and foul in fact have not only the champion of property rights but the sentimentalist and the antiquarian to plead their cause. The chief reason that renders condemnation possible is that it is so obviously necessary. Such large proportions of the people have been forced to live in foul quarters that something radical had to be done. Buildings already moulding with decay could not be altered satisfactorily. The law has given cities wide power to expropriate land, and both in Rome and Naples this power has been used very generally to rid the cities of bad plague areas. For instance, in the Ghetto, in the heart of ancient Rome, solid blocks have been demolished and new buildings have come to take their place. Terni, an industrial town of Umbria, is planning to condemn and vacate several blocks as soon as some extensive building operations that will house the families thus affected are completed. Other cities, in their enthusiasm to secure better housing, are restrained from condemnation because of the scarcity of available places in which to house families, but are, like Terni, planning to vacate sections as rapidly as new buildings are completed.

Radical steps are proposed, but none as yet are operative. Some of the small towns, especially the famous old hill towns of Italy, are beautiful to stroll through, but so wretched to live in that many of them are more than half deserted by emigration. So many of the houses in these towns have become dark and damp and filthy from too much building the one on the other, and from too great age, and too much grime. It is proposed to prohibit further building in these cities, indeed the rocky cliffs of many of them have already imposed this prohibition, and to declare the city vacant for future habitation after a specified time of ten or twenty years, thus giving the people a sufficient time to build new houses for themselves on the site in the valley that the Commune shall have determined upon.

The first thing that impresses one in a study of housing conditions in Italy is the herding instinct which the Italians seem to have or which they have been forced to have. The people, not only in cities, but in small towns, and on the farms, live "en masse',, and the favorite dwelling is the multiple building, whether in the city or the town or the country. In the Abruzzi and Puglie one sees individual houses dotting the hillsides, because there are a large number of small landholders, but none the less they often congregate in groups and walk to their farms to work. The straw huts in which many of the peasants in parts of Italy live are the exception to the group houses and are the greatest surprise to one who sees them for the first time. The American is reminded of the teepees of the Navajo Indians on the western plains, just as he is reminded of the communal

houses of the Hopi Indians of Arizona and New Mexico when he first sees all the peasants of a countryside living in one large farm house that is built about a common barnyard and sheep fold. Almost all of the towns are made up of large tenements with only a small proportion of individual houses on the outskirts. This is as true of towns in the valleys as on the hills. Avezzano, the town of ten thousand destroyed by earthquake in 1915, is the exception. There the new houses that have been erected are all one story and detached. As one walks down the long dusty streets, in the glare of the sun, he contrasts the old town with its large multiple dwellings grouped about the courts, and he recalls the shade and coolness, and is not so sure that the new city plan, save for safety from earthquakes, has a great advantage. Messina and Reggio are further exceptions. Their wooden houses, or shacks, first impress one with their ugliness, and then with the physical discomfort of living in such a way during the long hot summer months. In Sicily there are a great many people living in the tombs where they use the sarcophagus platforms for bedsteads and the arcosoli for cupboards.

Most of the houses of the working people in the country and town, and many in the city have stone floors, the only exceptions being the huts that have none. The houses are generally damp, varying only in degree. Most of the toilets are filthy and many lead only to cesspools. Water is rarely found in the houses, except those in Rome, where there is an excellent and plentiful water supply. Many of the rooms have no windows and frequently the only ventilation comes through a door that opens into a poorly ventilated hallway or another poorly ventilated room. Windows are seldom opened and are often hung with heavy curtains that keep out both air and light. The lack of ventilation, the results of which are intensified by the dampness, is the worst feature of housing from the standpoint of health. Almost every house has electricity, even the farm houses, and many have gas. Most are supplied with tile stoves, where charcoal is burned. Crowded living quarters are the rule for the working classes, the majority of apartments not having more than two rooms, and kitchen, and this in spite of the fact of the large size of the Italian family."

With conditions such as these pictured it would seem almost impossible to cope with the situation; and as though people born amid the ruins of the past must content themselves with the glory of the past and a modicum of health in the present. Italy, however, has bowed to no such dictum, but has, on the contrary, solved the problem, and is not only resolutely tearing down the old unsanitary houses, but is putting up in their place model tenements for her working people, which probably eclipse in practical detail those

erected by any other nation. Moreover, she has not only solved the problem of model tenements, but she has made it possible to build them so that the rent is within the range of possibility for the working class.

As a matter of fact Italy has been working on the housing problem ever since she was a nation, and even before, and has passed many laws regulating the hygienic, and sanitary requirements of buildings, and—perhaps even more important considering the practical working out of the problems—other laws which provide for the financing and operation of companies to build suitable houses for the working people.

In America nothing has been done to protect and foster the organization and financing of such companies, and we can find much to study and imitate in the Italian methods.

Probably the most important of these latter laws is the so called Luzzati Law, passed in 1908. The enaction of this law so encouraged building that many societies and individuals began to build at once, and from that time until the war put a stop to building activities, there was a remarkable period of housing development.

Therefore, while there are still, of course, examples of very bad housing conditions everywhere in Italy, there are also, especially in the cities, many examples of unusually good modern homes for the working classes.

"Most of the buildings of the People's Dwellings are multiple dwellings, housing from eight to as many as one hundred and fifty families. They are built around one or more large courts in such a manner that all rooms and halls have plenty of air and light. They are supplied with janitor service and are maintained in a clean and sanitary condition. Tenants receive special instructions in care of premises, and may at any time be ejected for failure to comply with regulations. Each apartment is supplied with running water in the kitchen, with a stove equipped with hood, in which charcoal is burned. Some kitchens are also supplied with gas stoves. Gas and electricity are provided at a lower rate than elsewhere, and all apartments are lighted by electricity. Every apartment has its own flush water closet in separate compartment. A place for bathing, equipped with tubs and shower baths, where occupants of the building may bathe for a few cents, is always supplied. This place for bathing is generally located in a building that occupies the center of the court and in this building is generally the laundry. Frequently a dispensary that is operated at the expense of the company is located in this central building, as is also the school, or asilo, for all children under seven years of age who live in the building. The court is paved and drained and generally has a garden."

These buildings certainly offer light, airy, sanitary, and moreover attractive homes for the working classes, and most important of all

they rent for a price that easily comes within the range of the working people.

"While other countries are struggling with models, Italy has worked out a plan for financing building operations, has found the type of building that is within the range of price, and is now proceeding to give the working class the best that can be had at present. Whether it be ideal or not it is evidently better than anything the working class has ever had before, either in Italy or in other countries and America may learn much from Italian initiative."

Laugh and the World Laughs With You!

BY FLORENCE LEE

IT is borne in upon me to talk with the members of my "frat" who have been and still are doing pioneering in public health work in this country. It has been my privilege to work in several states, widely seperated one from another as to mileage. Kentucky presents one form of difficulty, Minnesota another, Oklahoma still another, and New York yet another.

One has to take a different equipment into each of these territories in order to secure results. But there is one universal accessory that the nurse who wishes to do public health work with any degree of permanency or efficiency, must ever have with her. And this is not technical knowledge—it is nothing that one can acquire, but it is a natural gift which can and should undergo cultivation, and intensive cultivation at that. May I suggest, as a veteran in Public Health Nursing, that *humor* is an essential asset. Of late years, I have attended so many gatherings of earnest, honest public health workers and have heard the subject discussed from almost every angle, but with such deadly seriousness that I have at times felt a sense of oppression.

Laugh, fellow workers, laugh, and let it be a good old-fashioned laugh, that rings out and startles folks. Oh, but the poor old world needs to laugh.

When you are in Minnesota, with those grave Scandinavians, do you know they can laugh, and that they want to, only are a wee bit afraid to?

And the native-born Kentuckian, bless him, is just "plum full" of foolish laughter.

When our long, lean New York (up-state) farmer gets interested, watch the wrinkles around his eyes, and then the muscles of the mouth begin to twitch. You have the best of the argument whether it's Tonsils, Teeth or Eyes.

And Oklahoma watches you so cautiously (he has dealt in oil-wells, and is suspicious) but just ask him if "the Strip" has any whiskey bottles buried along its trail, and then watch him.

Do you want to make an impression as to the hurtful effect of coffee upon the young child?

Don't draw any doleful pictures, just use the Arabian goat story that the Postum Co. makes so vivid.

Having secured the laugh first, then get your work in with a very few terse sentences.

Above all, let me beg of you not to take yourselves too seriously—the world, with all its poor teeth, its diseased tonsils, its ingrowing toe-nails will continue after you and I have put all our best efforts for its improvement.

My one appreciation of ten years of public health work among the little people is that once in that decade, no twice, have I had a child cry, and I have averaged 1000 physical inspections a year.

Change your methods of approach to suit your community. Do not have any hard and fast rules for yourself.

Look at your face in the glass each morning (except when the temperature is 20 degrees below zero, or 110 in the shade) and see what the lines look like. Are the laughter lines ready to do business that day? or have you that cold frozen expression that would do credit to a jelly-fish?

The dearest pedagogue whom I ever knew, had ever the laughter ready for his students.

So, "laugh, and the world laughs with you."

One Day's Work in a Rural Community in the Northwest

BY JANET H. WORDEN, R. N.

A RIDE of thirty-five miles in a tin Lizzie brought me to my destination—a school house of one room, poorly lighted, dirty and miserably equipped with desks, to teach the first lesson (of a series of twelve) in Home Nursing. Twenty mothers of different races, Polish, French, Irish and American assembled. The roll was called and actual work began and very few notes were taken.

A bed had been installed with a straw tick, sheets, pillow cases and blankets borrowed from the pupils. Each pupil was taught how to make a bed, turn a helpless patient, change draw sheets, lift and make comfortable a paralyzed patient. Temperature, pulse and respiration taken and explained. The medicine closet filled. Position and quantity of furniture and temperature and ventilation of room. Discussions on this lesson, and preparations made for second meeting the following week.

Goodbyes were said and I left for another thirty-five mile ride over a sandy, rough road when I was hailed by a farmer driving a team. "Be

you that county nurse?" "Yes." "Well, come and see my colt, its got hurt." Another drive of three miles to find a beautiful animal of six weeks torn on left shoulder straight across the chest to the right leg, by wire. The depth of the wound was fully two inches, length over sixteen inches. The farmer had done some veterinary work two days before but his hands, needle and cotton were dirty. Infection and high fever had set in and a bad condition was the result.

A large sheet was spread on the ground, patient laid out on it, hind and forefeet tied together and flexed, master of house sitting on the head, while the young son did likewise on the rear of the animal. I sterilized my hands thoroughly and proceeded to business and for one hour steadily cleaned and removed infected tissue, cut away the old stitches, washing with hot water and lysol, tied two arteries and one muscle and poured tincture of iodine into the wound—the patient resting peaceably and quietly as if it knew the county nurse was doing her best to help it. A few days after I found the animal doing well and wound healing.

Another start was made towards home when a woman emerged from the woods. "Please come and see my twins, one is dying." I found two boys aged three and one-half months, weighing seven and one-half pounds each, in a very serious condition, being fed every half hour on condensed milk, wrapped up in blankets, lying on a feather bed behind an immense stove, no fresh air in the room—and this was August! History of tuberculosis in the family and the mother wondered why the children didn't grow! She couldn't see any reason for it. The scene has changed, and in a week a marked improvement in both babies and mother, house and surrounding is seen and all goes well.

We have an average enrollment of two hundred pupils in the Home Nursing classes, 15 to 20 pupils in each class. Five hours daily teaching, and, in addition, the weighing of various babies, the changing of formulas, the removal of incipient tuberculosis cases to sanitariums, and —to make life a little more interesting—an insane woman sent to a State Institution finishes an average day's work. *Does it pay?*

The New Impulse in Mental Hygiene

BY JESSIE TAFT, Ph. D.
Director, Dept. of Child Study, Seybert Institution, Philadelphia

WHATEVER one's conviction regarding the reactionary after effects of war, certainly there is no doubt that educational results and practical progress have been attained through organization of our resources for war which it might have taken a century of peace to accomplish. All kinds of causes, political, social, economic have gone forward by leaps and bounds. It is hard to assert that any one of the great movements affected is more important than another, but one may safely say that of all public health programs mental hygiene is perhaps the most basic, the least understood and the most in need of popularization. The war has given a tremendous impetus to a movement which has many ramifications and it is the purpose of this paper to point out some of the developments which seem to have come directly out of the pressure of war.

Failure to Recognize the Importance Of Mental Hygiene

Up to the present, far too many states in this country have had no organization of hospital care for the mentally ill. The frank insanities, and much more, the milder forms of nervous and mental diseases, have been left for the most part to county asylums, private sanitoria, or semi-private hospitals. Mental and nervous diseases in these states have never been recognized as constituting a genuine health problem worthy of the same care and scientific attention that is given to physical illness. The state and city governments, the Federal government itself, and the public, have never really believed that mental disease presented a critical health problem or that anything constructive could be done about it. The great war, with its unprecedented conditions of nervous strain, created a situation in which for the first time in history the preservation of mental health became of primary importance for gaining military superiority.

Effect of Military Necessity on Care Of Mental Disease

The United States, profiting by the example of England, which had not realized this fact at first, entered the war prepared to meet mental as well as physical ills. The hospital organization for Neuropsychiatric cases was as complete and adequate as for any other medical division. Its usefulness and overwhelming success on the very field of battle has given a convincing demonstration of what is needed for the care of mental conditions in times of peace. The government has been compelled to see the value of such organization and every medical man in the country has been educated through this experiment, as has the

army itself, officers as well as men. A military organization which had probably never known or cared about the problems of mental health, has come out of the war with a first hand experience of the possibilities of mental breakdown and the right way to care for it. The men who went over-seas know only too well that mental illness is a real thing, that it is no respecter of persons but may strike down any man if the strain is sufficiently great.

Physicians As Well As Laymen Educated by War

In this country, too, the popularity of the term "shell shock" and the accounts of war neuroses have given a meaning to the term mental hygiene with a vast number of people who might never have heard of it in any other way. True, such knowledge is most superficial and misleading, but it gives a background of familiarity, an acquaintance with the bare sound of the words which makes further education easier.

Among the psychiatrists, and neurologists also, the war has given a tremendous impulse to interest in mental hygiene because it has concentrated attention on the milder forms of mental disorder which are so close to normal mental processes; disorders, which may occur in persons who seem to have no particular hereditary bias toward insanity, and which lend themselves to prevention and cure. Particularly in the case of hospital men who have been more or less confined to care of the chronic forms of insanity that fill the institutions, the war neuroses have proven a new and stimulating experience, awakening interest in preventive clinic work outside the hospital, and in the possibilities of treatment of the non-institutional patient. This same educational process and broadening of interest has undoubtedly also taken place among the nurses who helped to put the shell shock cases in shape for return to the fighting line.

The Demand for Psychiatric Social Workers

The most far reaching results for Mental Hygiene, however, have been obtained in a very different field. It is in the world of social work that we see developments which are nothing short of revolutionary in their effects. No war has ever depended for the winning on organization of social forces as has this war, consequently every factor of vital importance within the army itself had its roots far back in the social structure behind it. Its strength and growth, its repair and renewing were found to rest upon the vitality and efficiency of the social base. The physical health of the soldiers, upon which victory so largely depended, was seen to involve a whole system of sanitation, public health, and social hygiene throughout the country, including the civilian population. We owe the greatest strides ever made in sex education and in the fight against venereal disease to the pressure of this war.

In the case of Mental Hygiene,

the process was slower and more indirect but similar. The organization of social forces over here to meet the recognition of the supreme importance of mental health for winning the war, was much less prompt and thorough than was the organization for social hygiene. In fact it is only now getting on its feet.

The first demand for social support came in the call for social workers and occupational teachers to help in the re-education of the shell shocked men in the hospitals in France. Then there arose the problem of how to get psychiatric social service for the military hospitals here which would have hundreds of mental patients to care for before the end of the war. There seemed no solution to this problem. There were at the time the United States entered the war, only a very few experienced psychiatric social workers in the country, and there was no course offered anywhere for the training of such workers.

The War Brings First Training Course in Social Psychiatry

Mental Hygiene should be grateful to the necessity which mothered the invention of the first training course for psychiatric social work in the world. It was given at Smith College in the summer of 1918, as a war emergency measure, under the auspices of the National Committee for Mental Hygiene and the Psychopathic Department of the Boston State Hospital. The standards were high and the sixty or more young women who finally qualified were as fine a group as could have been desired. A large number were college graduates and the rest had had equivalent preparation in other training and experience. Theoretical work was concentrated into eight weeks. Psychiatrists of note from every large city in the East came to lecture to that earnest body of students. It was as good for the psychiatrists as it was for their hearers. They went away with a new appreciation of the part social service was to play in the psychiatry of the future and a deepened respect for the professional social worker.

The winter following this course saw these sixty students distributed among the hospitals and clinics in the East wherever practice work under adequate supervision could be obtained. Because of the dearth of psychopathic hospitals and hospitals for the insane with efficient social service departments, several students went to the Charity Organization Societies of New York and Philadelphia to work on the the leadership of experienced case work of these associations under the leadership of experience case workers, who had been sent by their far-seeing societies to take the Smith Course.

The contribution which the supervision of these psychiatric students has made to Mental Hygiene, can hardly be over estimated. Not so much the training course, nor even the work of the students, ex-

cellent as it was, but the centering of attention upon the work these young women represented was the source of a remarkable and penetrating change whose final results are not yet perceived.

These effects have been felt in two quite opposite directions, amusingly opposite in fact. That these students who were humbly seeking knowledge should have been the instruments of education for both the social and the psychiatric "powers that be" is another amusing feature of the first experiment in social psychiatry. Those who came to educate stayed to be educated. At least so it looks to some of us on the side lines who have been preaching social work to the psychiatrists, and psychiatry to the social workers for some years past, with apparently little to show for our efforts. The exigencies of the war, however, secured the needed attention and the presence of the students for six months demanding practice work, compelled some sustained thought on the bearing of this war emergency measure to the every day work of the organizations in which they had been placed.

The hospitals and clinics which consented to take the students for their practical work, by the mere fact that they did accept them, began to realize more keenly the importance of social service and to see the growing value placed on it by the world at large. Later on, when these same students were assigned to posts in various military hospitals, the education of the hospital physicians was continued, and many a man who thought a social worker as superfluous as a fifth wheel, was gently but firmly made to see the possibilities of social service for his patients.

Within the Charity Organization Societies of New York and Philadelphia, the results have been even more tangible and transforming. In New York the district which undertook the training of the Smith students, was given the particular use of one psychiatric clinic and the special interest and attention of one clinic physician. This concentrated attention on the mental factors of all the case work done by the Charity Organization Society. The psychiatrist at the clinic became so interested in their problems that he joined one of the district committees so that he might be in closer touch with the work. District supervisors wanted to know more about the psychiatric side. Finally, under pressure of demand for lectures and courses, the New York School of Social Work secured Dr. Bernard Glueck, who offered a special course for social workers in which their case work problems could be discussed in the light of the psychiatric approach. This department has grown and its influence will be felt from now on in the training of every student who goes through the New York School of Social Work.

In Philadelphia an even more remarkable development took place. The director of case work in the Society for Organizing Charity had herself, attended many of the lectures at Smith and had been convinced of the essential contribution of psychiatry to all case work. She felt that not only mental cases but every case ought to be approached from the psychological angle which psychiatry has used in understanding the mentally ill. She decided that every worker in her association ought to get the psychiatric point of view.

The Pennsylvania School for Social Service, responsive to this newly felt need, decided to organize a six months training course in Social Psychiatry similar to the Smith course, but with a change in emphasis. The lectures in psychiatry were to be open to any practicing social worker as well as to the students taking the entire course. The plan was carried through with tremendous enthusiasm. Every worker in the Society for Organizing Charity was in attendance. Workers representing practically every social agency in Philadelphia took advantage of the school's offer. For six months, seventy-five or more practicing social workers in Philadelphia attended weekly two hour lectures given by the best psychiatrists in the East. It has been remarked that nothing has ever made so much difference in the case work of the Society for Organizing Charity. Another result has been the permanent organization of a training course in social psychiatry in the Pennsylvania School for Social Service.

The Permanency of Such Results For Mental Hygiene

Such results as these are not temporary. They mean a gradual persistent growth in the direction of a new psychology, a new comprehension of what mental hygiene means, a new psychological foundation for all case work. The fact that psychiatry and mental hygiene have become part of the curriculum of the Schools for Social work in Boston, New York and Philadelphia, means that the social workers of tomorrow will start on a different basis. This is the greatest impulse that the war has, all unwittingly, given to Mental Hygiene.

Second only to the results in the Schools for Social Service, is the effect of the need of mental work on the Home Service of the Red Cross. The social care of hundreds of soldiers who have come back from France with a war neurosis, or even more serious mental condition, has fallen largely upon them. The hospitals discharge these men to a family or a community which is ignorant of what to do for them. The Home Service must take up the job. They did not realize for a long time that it meant anything different in the training of their workers, but gradually they are being compelled to organize Mental or Psychiatric de-

partments for the care of the mental cases and so the demand for trained psychiatric social workers increases and the good work of education goes on.

If anything further was needed to convince one of the new life taken on by the Mental Hygiene movement, attendance at the National Conference of Social Work at Atlantic City was all that was necessary. It was a landslide for psychiatry. Evidence of the conversion of the psychiatrist and the social worker were to be seen on every hand. One eminent psychiatrist was heard to call himself a social worker. Social workers addressed audiences containing some of the best known psychiatrists in the country. Several psychiatrists were present through a large part of the conference. Mental Hygiene meetings were so popular it was necessary to change the place of meeting originally assigned for a larger hall. Altogether it was a recognition of social work by psychiatry, and a request by the social worker for education in the understanding of human nature which the psychiatrist has. If there was any doubt in the mind of the conference as to the permanency and value of the Mental Hygiene section, which came into being only a year ago, that doubt must have been dispelled. The day of obscurity for Mental Hygiene is past. From the new alliance between Psychiatry and Social Work brought about by the war has sprung Social Psychiatry, the Mental Hygiene of tomorrow.

A Child's Summary of Health Rules

The following resumé of a forty-five minute talk on health and hygiene, given in a school room down in the mountains of North Carolina, was made by a child nine years of age, to take home to her mother. The child certainly caught the essential points.

IF ye wash yourself inside and out no pisin will stick to you and make you sick.

Your mouth was made to eat with and yer nose to breath with. Ef ye don't do hit this a way ye might get a sickness.

Ef you haft to spit, kiver it up with dirt.

Ye needn't have varmints in yer hed ef ye don't want him. I fergit the name she give the stuff that will kill 'em, but ef ye keep clean they won't be any.

Ef sores air made clean and kep clean ye won't git blood pisin.

Worms is dirt come to life in you, as should not be thar. Wash all garden stuff keerful and clean your spring.

Ef ye don't scour your teeth yer mouth might be a swill pail and ef waste is not got rid of ye might get a fever.

Ef ye keep yer finger nails clean

ye can scratch yer hid without danger of pisin. And hit air not polite to hev dirty nails.

Ef ye have sore eyes, don't spread 'em among others. Be kerful not to use no one's basin or towel or handkerchiew.

Ef you see a baby with sore eyes, tell a doctor. Little babies don't belong to have nothing the matter with 'em.

Ef you get hurt get fixed right away or tomorrer it will be a bigger hurt. A house afire is too late."

Publicity and the 1919-1920 Program

BY JAMES RORTY

Publicity Secretary of the N. O. P. H. N.

THERE are perhaps as many "secrets of success" as there are definitions of just what constitutes success. I remember, however, with particular pleasure one such "secret" confided to me by a business executive whose success in the material sense of the word was incontestable and who, in addition, had the reputation of applying to business problems a thoroughly enlightened and scientific habit of mind. He said, "Whenever anybody comes to me saying 'How am I going to accomplish this or that enterprise; how am I going to bring about this or that highly desirable change?' I always sit firmly in my seat and bark at him, 'Why do it at all?' "

There is more than mere stodgy conservatism back of this attitude. In fact, the man quoted has a reputation for enterprise amounting almost to venturesomeness. However, in one respect at least, he is very much of a realist. He doesn't believe in activity for activity's sake—any more than he believes in art for art's sake. He endeavors to steady every step he takes by relating it very carefully to the fundamental objects toward the advancement of which this step is after all—but a step.

I feel more or less in this way about the subject of publicity. Publicity for publicity's sake is to my mind both irritating and ineffective. The National Organization has certain large objects which are fortunately very intimately related with the vital progressive movements of our time. It is important that neither money nor energy be wasted in effort which is not directly related to these sane and wholesome objects. On the other hand, it is equally important that no opportunities be lost as a result of timidity or parsimony, when the need of the hour is for direct and positive action on a large scale, involving perhaps a considerable expenditure. The National Organization has a good start and a future burdened with responsibilities. Fortunately the field of

its effort is clearly defined and freely conceded to by other agencies doing more or less similar work. At a recent conference between representatives of the National Organization and representatives of the American Red Cross, complete agreement was reached concerning the operations of the two organizations in the same field, and tentative plans were made for coördinated effort toward the accomplishment of certain special objects. Equally happy relations prevail between the National Organization and other national organizations, such as the National Tuberculosis Association, the Social Hygiene Association, etc.

The 1919-1920 program of the National Organization was announced in the annual report of Miss Crandall, printed in the August issue of the "Public Health Nurse." For the purpose of clarifying the discussion of the part which publicity can play in the working out of these objects, this program may be here restated, in three paragraphs taken from the six-page folder which forms a part of the present membership campaign:

Educational. The National Organization will continue as before its efforts to establish more courses of training for Public Health Nurses in educational institutions and in adequately equipped hospitals located in communities where co-operation can be secured with properly supervised health and social agencies. It has also undertaken to raise a scholarship fund of $150,000, of which approximately one-half has already been subscribed by the American Red Cross.

Recruiting. Conservative estimates place the demand for Public Health Nurses at seven times the number now available. Along with its efforts to increase present educational opportunities, the National Organization has therefore undertaken a campaign addressed both to student nurses and to high school and college graduates, with a view to inducing more young women of good educational background to enter the field of public health nursing.

Legislative. In order that the public health nursing movement may consolidate itself with the normal processes of democratic government, it is highly important that good state laws providing for public health nursing be passed as soon as possible. The National Organization, working always in co-operation with public officials and with other recognized agencies whose interests are involved, contemplates a legislative campaign in about thirty states where present statutes relating to public health nursing are inadequate or unsatisfactory.

Of the three main divisions of this program, the campaign to recruit more public health nurses and the projected state legislative campaign will absorb most of the effort of our publicity department, during the next year. Along with this activity of course will go a consistent and sustained effort to increase the membership of the National Organization, both individual and corporate, active and associate. The National Organization has large opportunities and consequently heavy responsibilities. It is looked to not only by its own members, but by other social agencies whose field overlaps ours,

for leadership and direction in taking advantage of the enormously increased prestige of public health nursing, which has resulted from the war and the influenza epidemic. Hence, with increased opportunities and responsibilities, it needs a greater membership.

It is safe to say that every agency, national and local, operating in this field, would like, as soon as possible, to consolidate the public health nursing movement with the normal processes of democratic government. In other words, sooner or later public health nursing will be a public responsibility, supported by public funds and accepted as an essential part of the service which the community renders to its citizens—like that of the public school teacher. Without wishing to hasten this natural development unduly, groups and individuals interested in public health nursing should prepare for this future, so that when the support of the public health nurse becomes a community responsibility, the community may be prepared to understand and use this new public servant intelligently. Therefore the National Organization has undertaken to prepare suggestive legislation which experience has shown to be practical and effective, and to advocate such legislation at the state legislatures which meet this winter.

In the working out of this program, publicity of course will play a considerable part. As the situation develops, further announcements will be made by the publicity secretary in this connection. It may be said now, however, that the success of any state legislative campaign will depend largely upon the interest and willingness to shoulder responsibility manifested by state and local nursing associations, the State Federations of Women's Clubs and other groups. The National Organization will furnish a plan of action, including press matter and a plan for securing space in the newspapers before and during the time when the bill is before the legislature; it will also supply, where necessary, the services of a travelling secretary to organize the work of the various groups; it will also set aside a limited amount of money to pay where necessary, the travelling expenses of state representatives, superintendents of local nursing associations, etc., who appear before legislative committees. But in the last analysis the success or failure of any such campaign will depend upon the energy and devotion of the workers within the state.

The recruiting activity of the National Organization is very closely related to our work in the educational field. The recruiting propaganda described in another part of this issue of THE PUBLIC HEALTH NURSE, will be given the widest possible circulation. Other propaganda will be prepared and the Publicity Secretary will depend upon suggestion and criticism received from the field in developing effect-

ive propaganda of this kind. It cannot be too strongly emphasized that all such suggestion and criticism is not only welcomed but very much desired. Indeed the whole situation will become clarified and organized almost directly in proportion to the degree that such counsel and co-operation is extended to the national office.

"Little Billie"

WE are all familiar with the picture of a thin, scraggy, stalk of corn grown on poor, uncultivated ground; and the companion picture of the full, tall stalk grown on the same ground after it has been enriched and properly cared for. It is seldom, however, that we are permitted to see so striking an example of a similar treatment of childhood, as that shown in the accompanying pictures of "little Billie." It is hard to believe that both can be pictures of the same little child, and is proof, stronger than words, of the value of proper treatment and food in the care of children.

In February, 1918, Miss Anna Ryan, who was at that time doing public health work in the city of Portsmouth, Ohio, had reported to her a baby who, they said, was sick, and neglected by its parents. On investigation she found, in a dirty two-room shack, a pitiful little baby, with tragic eyes and claw-like hands reaching out for help. It was dressed in an old, black woolen, woman's skirt, and was lying on a filthy cot. The mother was a very ignorant woman and the father, though fairly intelligent, said he could do nothing with her as she would go out and be gone from early morning until late at night leaving the baby without any care. The nurse gave the woman linen, baby clothes, and food, and spent several days instructing her in the care of the child and showing her how to clean up the home.

She then waited a few days before calling again. When she did she found the baby alone and more filthy than ever, and so weak that it was not even able to cry. The probation officer was called, and after waiting some time in vain for the mother, they kidnapped the baby, and took it to the Probate Judge, who sent it to the hospital. The mother and father had left the city, but were brought back and charged with neglect. The baby was taken from them, and remained for some months at the hospital where he became the personal charge of more than a dozen nurses. Every pound the little fellow put on was a pleasure.

Finally his dimples began to show, his eyes lost their tragic look and smiled, the piteous little waif had become a happy, healthy boy. He has recently been adopted by a well-to-do couple and now has a good and happy home.

Princess Snow White

A Modern Fairy Tale for the use of the School Nurse

BY EDITH EIGHMEY CURTIS, R. N.

ONCE upon a time there was a country called Happy Valley. Happy Valley was covered with nice green grass and flowers and a brook of clear, cool water ran through it.

The children of Happy Valley played on the green grass and often would kneel at the side of the brook to look at their faces mirrored in the water. Their faces were always clean, their cheeks red and round and their teeth white as pearls. Of all the children the Princess Snow White was the most beautiful. Her cheeks were the reddest and roundest; her teeth the whitest; she laughed the most, and could run the fastest and longest of any child in Happy Valley.

Now, in the side of a hill near Happy Valley was a big cave. This cave had only one small door—no windows, so it was dark and damp. Some goblins lived here. These goblins had thin, pale faces. They did not care to run about and play. They were cross and quarrelled and sometimes would fight. Some were sick in bed, some had rheumatism and others were sneezing and coughing.

Many times the King of the Goblins sat at the door of his cave and watched beautiful Princess Snow White playing in Happy Valley. At last he decided that he wanted this beautiful girl to be his Queen. He called one of his messengers to him and sent him with a letter to the King of Happy Valley asking that Princess Snow White become his Queen.

When the King of Happy Valley read this letter he was angry and said to the messenger: "Go! Tell your King that Princess Snow White can not be his Queen. She would not laugh and be happy in your dark, damp cave and without Sunshine and Fresh Air she would become sick."

The messenger took this answer to the Goblin King. Then the Goblin King went to an old witch who lived farther up the hill and together they planned to get Princess Snow White and bring her to the cave. The Goblin King called all the goblins together and told them the plan. The witch appeared and all of the goblins were changed into flies. Some of these flies flew to a barnyard, walked around the manure heaps and some of this dirt stuck to their bodies, wings and feet. Other flies flew into the cave and walked over the sick goblins and the germs of their disease clung to the flies' feet. Then the flies all flew to Happy Valley. They walked on the children's bread, cake and cookies; flew into a pitcher of milk and had

a nice bath but they left all the dirt and germs from their bodies in the milk or on the food. They crawled all over the baby's bottle, on baby's face and around his mouth. According to the Goblin King's command, they did not go near Princess Snow White, but everywhere else they left their poison.

Before many days the children became sick. When Princess Snow White found her playmates were sick she was very sad and wanted to help them. She thought that maybe a drink from the enchanted spring would be good, so she took a crystal pitcher and went up the hillside to the spring. She filled the pitcher with the pure, cool, water but when going down the hill she stumbled, fell, and the pitcher was broken and the water spilled.

The Goblins were watching Snow White and following her. When she fell, they caught her and took her to their cave in the hillside. Then they planned a big wedding feast for the King and Princess Snow White. Princess Snow White cried and did not like living in the cave with no sunshine. The goblins gave her a real velvet dress, golden slippers and a gold crown, but the Princess said that the crown made her head ache; that she could not run and play any more in the velvet dress and that the slippers were too tight and the heels too high. She walked around and around the cave but there was always a goblin watching the door so she could not get out.

One morning when she woke up she looked in the glass and noticed that her cheeks were getting thin and pale. That day when she was walking around the wall of the cave she felt a crack in the wall. She pushed and pushed until a piece of rock moved enough for her to crawl through. And there she was on the hillside! Oh, it seemed so good to be out in the fresh air and sunshine again! She took long deep breaths of the pure air. Then she ran down the hill into the valley toward home.

Suddenly she stopped and listened. A poor sick baby was moaning. Snow White went to the door of the house and looked in. The baby was on the bed. His face and hands were hot and he tossed about. Snow White was always kindhearted so she got some water, washed the baby's face and hands and gave him a drink. The baby stopped crying and went to sleep.

When Snow White went out of the house her Fairy Godmother was standing by the door and said to her: "Here is a magic wand. Wave it and the evil goblins who bring sickness to these children will be destroyed. Do these things which I whisper to you, and again your cheeks will be red and you can laugh and play in Happy Valley."

Can you guess what the Fairy Godmother whispered to Snow White?

Letters from Abroad

ITALIAN MOTHERS OF AMERICAN SOLDIERS.

Rome, Aug. 24th, 1919.

My Dear:—

Every week I promise myself that I will write you, and then something prevents. I am not a very good correspondent at any time and my brain works slowly over here. One gets such terrific reactions. Superficially everything is so different, but underneath all this Roman, Italian, Florentine, etc., veneer, human nature is the same. I have not met a person nor a condition nor a situation that I could not reproduce from my experience in America The good and the bad, noble and weak, courageous and coward, we have them all, sons of Adam every one of them. But the women—the women of Italy are magnificent. The men gave their lives freely enough in this great war—the mothers in black would wring your heart under any condition—but when you find these same mothers are having their first rest in four long years; that in spite of their losses, every one of them gave, and gave, and gave, giving eight to ten hours daily in hospitals, canteens and relief camps, and that some of them are still giving, you can't express your admiration, it is too profound. In Florence, the other day, I saw some cleverly done pictures of *profugees* as they call the refugees from the north. One had a familiar background of small columns and arches and I asked why Santa Maria Novella's cloisters were used as the model's background. To my surprise I learned that the old church and its cloisters housed hundreds of people, for more than 8,000 fugitives passed through Florence daily, all to be fed and housed and comforted if possible. The old frescoes and the quaint Cimabue Madonna have endured many stirring sights, no doubt, but these thousands of foot and soul-weary wayfarers, of all ages and types, sleeping on those cold, stone floors, must have been the most distressing.

We seemed to have heard only of the trenches and their agony in most of our

press accounts. I wonder if anyone will ever do justice to the women behind the scenes in this war. The volunteer service of the Italian women, if one could make them tell it, would fill a volume.

The other day, I went into a big well-baby conference with an enrollment of several hundred babies and a daily attendance of over fifty. The place was immaculate and very well arranged; everything in readiness for the doctors. The day was a typical August day in Florence—can you imagine it—and the clinic in the most congested part. Six volunteers were managing that place, and they were much chagrined that so many of their former helpers had fallen by the wayside, which meant enjoying the first vacation since the declaration of war. In a piping hot kitchen, assisted by two char-women, a volunteer was making gallons of milk mixtures, which were mostly boiling water and condensed milk and which she was bottling in "one-feeding-only" bottles, very tidily and quickly. The sun, the fire and boiling water may make that kitchen a comfortable place in December, but this was August. Instantly, I wondered how an American infant-welfare nurse would teach home modification in a home minus a fire, hot or cold running water, fresh milk, or special utensils. I am still pondering on the solution of the problem. These women in Florence don't even ask the question. I went from there to another dispensary, entirely manned by volunteers, Americans in this case, and saw some good work. The American Unit did splendid work in a hospital here for Italian soldiers, and now that the hospital is closed, it has opened this little dispensary, the only one for miles around.

I have seen nothing in Italy that makes me believe less in a good hospital training for all those who want to care for the sick, even when those sick are soldiers and prone to recover, no matter how ill they may be, but if some of these women whom I have met could have had a year or two in some of our good hospitals, it would not have made them more splendid and unselfish, but how much it would have saved them, and others! For there is the average volunteer, just as there is the average teacher and the average nurse. The exceptional women are pretty few in number; most of us are average and a decent technical education for the work that we are called upon to do, is the best preparation for good work, after all. Even a willing spirit gets tired of learning from her own avoidable mistakes. The tragedy is that too often she does not know an avoidable one from an unpreventable result. And it can't be entirely native courtesy that made so many of the European soldiers glad to get into hospitals staffed by American and English nurses.

Nevertheless, I marvel daily at what I see and hear. We have always thought of Italy as the land of Cavour, Mazzini and Garibaldi, and of young men, brave, impetuous, magnificent who faced death, or the worse tortures of Austrian and Neapolitan prisons, daily until they were silenced by one or the other, in order that a United Italy might take her rightful place among the nations of the earth, but somehow we have never heard much about the women of Italy. At least, to me they have been a cross between the sheltered creatures in Marion Crawford's novels and the sixteen-year-old daughter of the immigrant who is never allowed to join night classes at the settlement and, altogether too young, marries the man her father selects for her. I suppose both types still exist in Italy, society has to have its butterflies and its drudges, but I have not met many of them.

But I met a young woman lately who seemed full of vitality and energy.

Perhaps she was thirty, but I doubt it. If she were my young sister I should want someone to be very, very good to her for she has lost much in the war. Only her black dress suggests this, however. We were late for our first appointment for she had been detained in a shop which provides work in their homes for gentle-women. She and her friends do all the work, only the bookkeeper is paid, the house is given rent free, and only 5% of their receipts go into management. She had been selling, tying-up and packing all day long. This is not a competitive work, anyone may put her goods on sale if the work is well done, but it is intended primarily to help those who cannot leave their homes. When we were exchanging yarns later, over a cup of tea, she told me, apropos of sea-sickness which will be the death of me some day, that she used to be horribly sea-sick but that her service in the hospital-ship cured her of it, for all the nurses who got ill were put off at the nearest point. She had the ward in the steerage and her soldiers were all sea-sick, the boat was notorious for its pitching and she was the color of a sun-yellowed cucumber but she did not get put off until the ship was ordered into port for a long stop. Then she was shipped north to a hospital in the hills not far from the front. I wonder if that would cure my sea-sickness? I'd hate to have to try it.

I have met a number of such people —Italy is full of them. What is the conspiracy in America against telling the truth about Italy? Must she always remain a land of tourists and keep her real people hidden? Her farm workers are the most picturesque as well as industrious you can possibly imagine, and all her people are so gay and courteous and happy. They are vehement, too, and dramatic, and passionate, but if the London Times is printing conditions in America with any degree of accuracy, the strikes and food riots here are as peaceful as May-day picnics in comparison with Washington, Chicago and New York.

I dare say that Italy has her villains —daughters of Eve are usually found where there are sons of Adam, but I have been uncommonly fortunate in the people I have met and worked with. I wish an Italian George Eliot would arise. There is wonderful material here for her. Mrs. Browning did her best and did a lot but there has been no successor to her.

Affectionately,
EDNA L. FOLEY.

Magaw Memorial Hospital,
Foochow, China.
June 20, 1919.

Dear:—

Since my return I have been so glad I took my "Public Health" with Miss Beard. We need this kind of work so much in China.

Last year in November we had our epidemic of Influenza. My hospital of 150 beds was taxed to the limit. At last all my nurses were ill but three, and I worked with a fever of 103-104 for ten days, and then wore the Influenza out, I guess. Later it raged in the Districts and our nurses cared for hundreds there. I have several graduates as School Nurses now, with requests for more. People say they did not know how they ever got along without them in the past. I have half a dozen graduates in the Districts, some several days from any doctor, trying to do what they can to help the people. All my nurses take the midwifery course before they leave us, after they have finished the Nurses' Course.

Half a dozen more graduates are working in other Hospitals as Nurses-in-Charge, where there is no American nurse.

I have Dr. Wood's Charts on Public Health and the set on Baby Welfare from the American Medical Associa-

tion, and they have been used so many, many times this year.

Such a wonderful field as I have found for talks on these subjects, too. Before the University men, in all grades of schools, Conventions, Clubs, Mothers' Meetings, and I have never seen people so eager to learn. It seems pitiful they cannot be taught. We have had several complete cures from our Tuberculosis Department, and greater hopes for the future. The Chinese women asked me to make a set of baby clothes for them. So with a little change to suit Chinese babies, I used the one Miss Beard has in Boston. Several babies are decked out in them now.

We have had some good results from our prenatal work and the babies later on. I want to work this up as fast as possible.

I haven't been able to do much with my Leper Colony yet, they are so conservative, but we have treated 1250 in our clinic since my return in October last year. This spring Bubonic Plague is raging and we are inocculating people by the hundreds. The nurses often go out into a village near, or far, and inocculate the whole village.

There has been so much unrest and so many riots here that we have had Red Cross work to do as well. I am so glad I'm a Red Cross Public Health Nurse and can be over here where the need is so great.

I saw in THE PUBLIC HEALTH NURSE about the Methodist Centenary and the need. In this part of China alone, where I am, we have eight hospitals, and up to date I am the only American nurse. None of the others have nurses as yet.

Eighty per cent of the babies die before they are five years old—one death from tuberculosis every 37 seconds, and conditions unbelievable where people suffer and die, makes it a wonderful field to work in.

I wish some of the nurses returning from France, etc., would come over to help us. One third of the babies born in the world come to China.

I did not mean to write such a long letter, but this work is so interesting and the need so great, I thought perhaps you would like to hear of what we do in far away China.

—CORA E. SIMPSON, R. N.

Vladivostok, Siberia.

Conditions in Vladivostok are very interesting. Siberia needs a Public Health Crusade. These inhabitants of the Far East do not know the word "sanitation." Such filth I never dreamed of. I spent several weeks in the clinic (out-patient dept.) of the Vladivostok hospital and here we treated Russians and refugees of every nationality. We averaged about one hundred patients daily—surgical cases in the mornings and medical in the afternoons. All patients needing hospital care were admitted through the clinic to the hospital. Infectious cases were excluded from admission as the hospital carried many surgical and obstetrical patients. It was an interesting place to be. Venereal disease is rampant here and there is much tuberculosis both pulmonary and bone. We could fill an orthopedic hospital on very short notice. There is considerable typhus and smallpox.

Vladivostok is, no doubt, the most cosmopolitan city in the world. It surely is a city of uniforms. Sixty-seven different ones were counted at the "Hut" one afternoon. One morning at the clinic we counted patients of eighteen different nationalities. I ate breakfast the other morning with our business manager (a Russian) our druggist (a Japanese), our secretary (a Czek) and one of our doctors who is a Chinese. We entertained a few of our doughboys at a little dance one evening this week. Russian and Czek officers were among the guests. One

Czeck officer is an eminent violinist and when our violinist broke his bow the Czeck hurriedly offered his to the musician, although said musician is a German prisoner.

Three German prisoners furnished our music and Chinese boys prepared the lunch.

We have great fun talking to them all. We acquire a few words from every tongue and it is laughable to hear some of the talk around here.

You didn't ask for any information on foreign service, but this place is so intensely interesting that I couldn't help writing a little about it and hope it hasn't bored you. The wild flowers and the scenery here are wonderful. A more beautiful harbor couldn't possibly exist. Our quarters are comfortable, our food very good and the weather bright and warm. Our wool socks and velour hats are most uncomfortable.

MARY L. WOLD.

A District Nurse's Report

EDITOR'S NOTE: Mrs. De Vis, well-known to Public Health Nurses through her little "Hand Book of Phrases in Four Languages" (Bohemian, Italian, German and Spanish) for the use of District Nurses in the homes of their foreign patients, recently sent in the following vers libre as her monthly report:

I sometimes wonder
  why it is
That Supervisors make us
  write reports
When every month
  it is the same old thing
Or *very nearly.*
The patient mothers;
  the darling babies;
The low beds;
  the aching back;
The obstinate chronic,
  who really and truly
Enjoys poor health
  and will *not*
Have her teeth pulled;
The ghastly dressing
  of carcinoma;
The little children
  who run to meet us;
The yellow-dog-fights
  that give us goose flesh;
The faith and patience,
  the deep devotion,
The simple courage;
  the human nature
That makes us love
  our district nursing
And keeps us happy
  and makes us wish
That we could go on and on
  and always carry
A heavy bag.
But we know we cannot
  So good bye,
And for two months happiness
  I thank you.

A. C. DE VIS.

Questions and Answers

Some Questions discussed at one of the Round Tables held at Chicago Institute with Public Health Nurses.

(Note: The answers to these questions cannot be charged officially to the National Organization. They express only the personal opinions of Miss Crandall who conducted the Round Table).

1. Question: How much bedside care will a county nurse be able to do if there is only one nurse in a county?

Answer: Very little, although this necessity of slighting bedside care when obviously needed is always a regrettable and often-times serious consequence of the common evil of assigning too large a territory to a nurse. While there is much difference of opinion on this question, I believe very strongly that every Public Health Nurse doing county work should choose between two methods for development of her work; first, and in my judgment preferably, she will do well to secure permission to limit her territory to one section of the county for a comparatively short time in order to make an intensive demonstration of thorough-going, all-around public health nursing service, to all classes of citizens, children and adults alike; second, if there is no possibility of doing this for any reason (and the appropriation of public funds frequently makes it impossible) I would urge her to hold tenaciously to the title of Public Health Nurse, but confine her activities *chiefly,* though not exclusively to the specialized field of work which the community most needs or is most ready to accept, such as Infant and Maternal Welfare, School Nursing or Tuberculosis Nursing. This plan will give her freedom to enlarge the scope of her activities as rapidly as possible without challenge of misappropriation of funds. As corollary to both plans I would urge further, that as often as a new nurse is added to the Staff, the work be subdivided in geographical units, rather than specializations of service, the senior nurse being recognized as Superintendent or a chief executive being appointed.

2. Question: What is your opinion about Industrial Nurses' wearing of uniforms?

Answer: This is a mooted question and subject to honest differences of opinion. I believe that the same arguments that obtain for the use of a standardized dress for all Public Health Nurses is equally applicable for industrial nurses. I do not agree altogether with Miss Edwards' that the workers are put on their guard when they see the nurses' cap and therefore she loses some of her best opportunities. They very soon learn to know her and furthermore the cap is not a part of the

Public Health Nurse's uniform except perhaps when on duty in the first aid room. This subject was thoroughly discussed in THE PUBLIC HEALTH NURSE several years ago. I think it may safely be said that the idea of the uniform is more generally accepted nowadays than it used to be.

3. Question: What is the average salary for inexperienced staff nurses?

Answer: It is impossible to state what the average salaries are nowadays, because the war, the influenza epidemic, the high cost of living and the scarcity of Public Health Nurses have all tended to increase salary schedules greatly. The National Organization recently made a very limited inquiry into this which would indicate that the scale varies tremendously and ranges from $75 to $125 a month. Often the larger sum is being paid, especially in the West, without requirement of training or experience, but the Organization discourages this practice whenever it comes to their attention.

4. Question: Could the National Organization help a state to found an institute like the Chicago Institute in order to benefit nurses and eliminate the necessity to go so far afield?

Answer: If the National Organization promised unreservedly to comply with this very practical request it would doubtless find itself unequal to the demand. However I feel free to say that the National Organization will do its best to merit such requests.

5. Question: Is it possible to get copies of "The Life of Florence Nightingale," by Cook?

Answer: It is possible in some of the larger cities, although there is a current report that the book is out of print.

6. Question: What is the attitude of the different associations toward osteopath doctors and students?

Answer: This is a difficult and delicate question. The National Organization appointed a special committee a few years ago to make a careful study and recommendation regarding the relationship of Public Health Nursing to osteopaths and chiropractics. It soon became obvious that no general rules or recommendations could be made, because both groups are legalized in some states and not in others. The Organization suggested therefore, that nurses in each state be governed by their own state laws.

In Chicago, for instance, a Public Health Nurse is permitted to answer a call from an osteopath, provided he is also a graduate of a recognized school of medicine. In my judgment it is imperative that no nurse should make herself responsible for a decision in this matter, but should submit it for formal action to her Board of Directors, whose action will pretty surely represent local sentiment. The fact that treatment required by osteopaths does not in-

volve carrying out medical orders, absolves the nurse from any accusation that she is administering drugs without the direction of a graduate of medicine.

7. Question: Is there to be a National Educational Association of nurses as an outcome of this Institute?

Answer: No, the Institute is the most informal kind of educational opportunity that can be offered. However, the verdict of the students here assembled may result in a wide extension of helpful and inexpensive methods of improved equipment for nurses already in the field, who are unable to take advantage of the real post graduate courses which are, of course, incomparably preferable.

8. Question: (a) Is every Visiting Nurse a Public Health Nurse?

(b) Is there danger of underestimating the value of nursing care in the home?

Answer: (a) Every visiting nurse *should be* a Public Health Nurse. No one is worthy to be called a visiting nurse nowadays who has not the larger vision of her opportunities as teacher and supervisor of health.

(b) There has been a conspicuous and most lamentable tendency to underestimate the value of nursing care in the home. On the part of many Public Health Nurses themselves as well as among health officers and others it is encouraging to note that the tide of public opinion is swinging back somewhat toward the former standard of including actual nursing care as far as possible in all of the specialized forms of Public Health Nursing. On this very point hinges the present discussion as to whether or not nurses are needed at all in the field of health supervision and instruction or whether health visitors can do the required work as well, or, in the judgment of some people, even better than nurses. The informal conference of State and National supervisors of Public Health Nurses which convened last spring at Cincinnati at the invitation of the National Organization went on record unanimously as endorsing the folowing resolutions: "That if nurses are to take the lead in the field of Public Health Nursing, it will be by virtue of their differentiation in function from other health workers, in terms of bedside care."

9. Question: (a) If a county nurse goes into a county in the early summer under the direction of the Tuberculosis Society for general work and school work, how should she begin her work if the solution is left entirely to the judgment of the nurse?

Answer: A county nurse beginning work in the early summer, do ing tuberculosis work or general work, would find it of great assistance to go to the County Court House and copy from the death records the number of deaths from tuberculosis during the last five years, arranging them on cards which can be shuffled into age groups or pre-

cinct groups for greater convenience. These deaths will form a good visiting list for the nurse to start with, in order to find, as she usually will, new cases developing in the families which have been exposed to tuberculosis. On another set of cards she could copy the records of babies born during the last two or three years. She could follow these up, finding the number that have died and seeing what condition the others are in. The physicians could all be visited, the work carefully explained and any patients that they could refer the nurse to for care or treatment could be watched and a report returned immediately to the doctor. All agencies giving relief, such as the Red Cross Home Service Station, County Overseer of the Poor, any local relief agency, should be frequently visited and cases reported by them visited and reports made. Much work can be done by the nurse in the summer by preparing children for their school work; a vaccination week can be held and in some towns a Health Examination Week has been held where the largest percentage of the school children are examined before school starts, in order to have treatment so that they need not waste school time.

(b) Give some types of publicity to be used.

Answer: Graphs, Spot Maps and Diagrams of local conditions are very effective.

Graphs: Comparative graphs showing expenditures of county for churches, cemeteries, Police Department, Fire Department, education, health, etc. Graphs showing the comparative death rates by diseases, by age groups, by precincts, by color, nationality and types of labor.

Spot Maps: Showing cases, dead and recovered, from communicable diseases, infant paralysis, smallpox, typhoid, tuberculosis; infant deaths, water supply, sewerage.

Diagrams: Showing efficient nursing organization, efficient health propaganda work, community cooperation of health and educational activities.

Posters: Made by school children.

Exhibits from various firms and home made.

"The A. B. C. of Exhibit Planning" by Ruetzahn will assist in exhibit material very much.

Health Films.

Health Parades.

Newspaper Publicity.

10. Question. What are the educational requirements for a public health teacher?

Answer: Up to the present time there has been no post graduate course which specifically offered preparation for teachers of public health nursing. Candidates for such positions have usually been selected because of previous training and experience in teaching, in addition to technical requirements in education and supervision of public health nursing. For the first time, Teachers College announces in their 1920

catalog a special course for teachers of public health nursing and the National Organization has set aside a special scholarship fund for candidates for such positions. Five or six women have been granted such scholarships to date.

11. Question: How does one secure a Secretary for a lecture, and at what cost?

Answer: A formal request in the name of any local, state and other public health agency, either to the Western office or to the New York office will receive favorable consideration. The expense to the local association includes transportation and entertainment and if the invitation comes from an educational institution an honorarium is often paid in addition to the foregoing.

12. Question: Is the National Organization for Public Health Nursing going to be amalgamated with the American Public Health Association, or has it ever been talked about?

Answer: The National Organization was invited, together with representatives of several other national health agencies to a conference called by the American Public Health Association, to consider the advisability of a Federation of National Health Organizations. After much discussion it was generally agreed that such a Federation was impracticable but a national council of health associations was formed on which sit representatives of this Organization.

13. Question: To whom does one apply for scholarships?

Answer: Mrs. Bessie A. Haasis, Educational Secretary, National Organization for Public Health Nursing, 156 Fifth Ave., New York.

14. Question: Will the Public Health Organization help nurses in the Middle West to secure new positions?

Answer: Most certainly, yes! One of the first activities which the Organization established and has maintained uninterruptedly, is its informal Bureau of Occupation. Though operated at present from the New York office, as soon as it is possible to secure a larger staff in the Western office, much of the work of placing nurses in the Middle West and the Western States will be handled from Chicago because of the obvious advantages of closer contact and more intimate acquaintance with local conditions and the nurses themselves.

15. Question: What expenses attend the possession of a scholarship?

Answer: Ordinarily a scholarship covers only tuition. In such instances the student provides transportation, board, lodging and incidental expenses, though some scholarships which are being offered by the Red Cross Fund to nurses returning from military duty, are liberal enough to cover the latter, but each application is considered on individual cases.

16. Question: If a small town nurse is in trouble, could a secretary of the National Organization come and assist her to solve her problem, without expense to the nurse?

Answer: The National Organization could not promise unreservedly to send one of its secretaries to assist a nurse in solving her problems at the expense of the Organization, because such a pledge could often involve great expenditure of time and money because of the distance. Such requests, however, should be submitted to the Organization unhesitatingly, with the assurance that an honest effort will be made to find a way to help the nurse either through a secretary's ability to make an inexpensive detour from some regular itinerary, or through procuring consent from the local association to value such a visit enough to pay the necessary expenses; many such difficulties can be fairly well met by correspondence or by referring the nurse to some women of larger experience in her vicinity, or even by asking the Superintendent of a large association not too far away to make a trip to the small town for the purpose of consultation and advice. Of course, you all know that the Red Cross Division Directors of public health nursing offer similar services within their territories.

17. Question: Do you approve of nurses being employed as teachers of hygiene in small towns rather than as school nurses?

Answer: This is a difficult question. In a few states, laws have been passed which provide for teachers of hygiene and not for school nurses. A liberal interpretation of these phrases permits employment of school nurses whose work obviously becomes a means of teaching hygiene and health habits in schools and homes. I do not approve of using nurses purely as teachers of hygiene, first, because they are trained for teachers and second, because it wastes their nursing training and skill. Moreover, the constant tendency of the day is to spread the nurse's work too thin to make any of it effective. However, nurses will no doubt be called to share this all important work for a few years longer until schools include in their curricula adequate preparation for teaching hygiene by regular teachers.

18. Question: In starting an Organization, is it better to have a committee from the town in general, or a representative from the different clubs or organizations already there?

Answer: This is subject to differences of opinion, also to local conditions. Generally speaking, in my judgment, it is always better to launch a new undertaking under joint direction of the existing related agencies rather than to add another one to the list of uncoördinated agencies. I believe the new work has a better chance of general support and universal interest in that way, but perhaps greater advantage lies in such practical demonstrations of the advantages of close coördination of work and workers. The importance of the action increases in propor-

tion to the smallness of the community.

19. Question: What educational work of value can be given by a supervising nurse in a small staff of ten nurses?

Answer: Various means of bringing educational advantages to the staff nurses have been devised in the past two years, both by Superintendents of individual staffs, and by the joint action of all public health nursing agencies in a given community. In the latter case an informal club is frequently organized which meets two or three times a month for picnic or box suppers in the rooms of one of the Associations, after which a lecture or conference is held. This plan spares the nurses fatigue of going home and returning to the center of town again. A Superintendent, or a group of Superintendents can readily plan a series of lectures concerning the activities of various public health and social service agencies, both public and private represented in the city or town, county or state. These are sure to be of importance and practically helpful and often lead to a request for a more formal course of instruction. The latter can frequently be secured through the courtesy of local colleges, normal or high schools, or some individual professor connected with one of these institutions. For instance, simple courses in biology, applied psychology, applied sociology, hygiene and sanitation, health administration and others are frequently possible. The National Organization will at any time furnish suggestions for consecutive collateral reading on any such series of lectures. All Public Health Nurses should know the Organization package library system which is available to individuals or clubs, either direct from the New York office or, preferably, from the State Library branch which handles the package library material for the National Organization. Addresses of these library centres can be secured from the New York Office. It is encouraging to note the general awakening among the Public Health Nurses regarding their obligation to improve every possible opportunity for better preparation for their work. Teachers have always realized the importance of saving part of their earnings for the purpose of taking post-graduate courses. Nurses are only beginning to realize their obligation.

20. Question: What can be done to bring up standards of nursing work when it is already under public control?

Answer: The best single answer to make to this important question is for the nurse to constantly strive to create public understanding of and demand for essential nursing standards and possible scope of development of nurses' work. To do this she must be willing to interpret her work by written articles and public speak-

ing, even though she finds both exceedingly irksome because of her lack of gift or preparation. She can frequently plead her cause to a person who has the gift of writing, who will express it for her in dignified but more popular style, and therefore make it more effective. I hope the day will come when every small town and city newspaper will have some message regarding public health nursing at least once a week. More directly practical still, is the formation of an advisory committee or council of citizens to the Government Board under which nursing service operates. To give this board the maximum of interest possible, it should be composed of persons who have previously acted as members of Boards of Directors or administrative officers of private agencies which originally developed work and its standards. Los Angeles, California is perhaps the most conspicuous example of such an advisory council. It sits regularly and the health officer presides. Its recommendations are always given serious and respectful attention and, if I am rightly informed, rarely disregarded. Civil service requirements are often a serious disadvantage because examinations are so inadequate. It is perfectly possible through the influence of public opinion to secure really discriminating candidates for such work, and the Public Director frequently suffers for lack of genuine nurse supervisors, for which medical direction is all too often substituted. Here again the experience of private agencies should be urged and applied. Granting all the difficulties that this question implies, I would be unfaithful to my strongest convictions if I did not add that ultimate public support and direction of public health nursing should be the aim of every private agency. Until this goal has been reached the service of public health nursing will always be subject to fluctuations of interest and support, and limited to less than general application of its benefits to all classes of citizens.

(Miss Crandall was so impressed with the seriousness and value of this series of questions that she asked the students if they considered the Round Table discussion of sufficient importance to warrant publication of the questions and answers in the magazine. Response was immediate and enthusiastic. This brief summary of the discussion is therefore submitted to readers of "The Public Health Nurse." Miss Crandall took advantage of this response on the part of approximately 88 students to urge them to make similar use of the pages of the magazine throughout the year and encourage others to do the same.)

Activities of the National Organization

NEW YORK OFFICE

Ella Phillips Crandall, Executive Secretary

During the month of August, activities in the New York office were conducted under the direction of the Executive Secretary. Mrs. Haasis left the New York office on the 4th of August. Miss Crandall wishes to express her deepest appreciation and unqualified endorsement of Mrs. Haasis' management, not only during the three months of Miss Crandall's vacation, but practically for the entire period of her service with the National Organization, owing to Miss Crandall's residence in Washington.

Miss Crandall addressed the Summer Students of Teachers College on August 8 and 9, the first day meeting the public health group composed of about 60 young women and the second day the entire group consisting of about 159 persons.

She spent about two days at the Chicago School of Civics and Philanthropy participating in the Nursing Institute for Western Nurses, conducted under the direction of Miss Olmsted, August 11 and 12. August 14 was spent in Cleveland in conference with Mrs. Bolton and members of the Publications Committee. At this time arrangements were made to remove to the New York office, the clerical work of Mrs. Bolton's committee and place it (which includes membership and council of state representative activities) under the immediate direction of Miss Pearl Braithwaite together with her present work as Secretary to Committee on Eligibility.

An important interview with Dean Suhrie of Cleveland was held, the subject being a discussion relating to a Summer School for School Nurses and prospective plans for next year, in which he urged active participation of this organization to the extent of the contribution of the services of our Educational Secretary for a period of two or three weeks.

The work done by Mrs. Bolton in the Cleveland office has now been transferred to the New York office. It has been possible to bring up to date all membership and eligibility work. The new secretary is acquainting herself with the correspondence connected with the council of state representatives as rapidly as possible. She is participating actively in the membership campaign.

The Educational Secretary has been unusually busy the past month, holding conferences in widely separated parts of the coun-

try, i.e., Louisville, New York, Chicago and Denver.

Following a request from Dr. A. T. MacCormack, Secretary of the Kentucky State Board of Health, she visited Louisville on July 28 to confer with Dr. MacCormack and others interested in the establishment of a course in public health nursing in Louisville this fall, in connection with the University there.

Dr. MacCormack has submitted the outline of the work to be offered, which conforms very closely to our minimum requirements and goes beyond them on several points. A re-organization of the public health nursing of the city comes at a very auspicious time, coördinating the visiting nursing, school and infant welfare work under one executive, under whom the tuberculosis work may also be put later on. Miss Sophie Nelson, a graduate of the Waltham Training School, and having had considerable experience on the staff of the Cambridge, Mass., District Nursing Association, and a good deal of executive institutional work for the children of France, was nominated for the position by Miss Foley.

On August 7 and 8, Mrs. Haasis was in Chicago, when she lectured to the students at the Institute being held in the Chicago School of Civics.

On August 11, she reached Denver where she spent the entire week in conference with Miss Mary B. Eyre, superintendent of the Minnequa Hospital in Pueblo, Miss Chapman, Red Cross Public Health Nursing Director, Dr. Osborne, Professor of Sociology of the University of Colorado and others, regarding the establishment of a course in Public Health Nursing to be given at Pueblo, as an extension course of the University of Colorado. Mrs. Haasis made certain recommendations which were accepted and the course is to be started on October 1.

WESTERN OFFICE

Katherine Olmsted, Extension Secretary

The Extension Secretary, Miss Olmsted, returned from Wyoming on the evening of August 1. The next two days were spent in completing the program of the institute which opened Monday, August 4, at the Chicago School of Civics and Philanthropy. Eighty-eight nurses registered Saturday and early Monday morning. Only nurses having had at least six months active Public Health Nursing were eligible.

The number of small town nurses and county nurses who registered was indicative of the trend of Public Health Nursing in the middle west, and throughout the entire institute problems relating to rural work predominated.

The nurses were all most enthusiastic about the institute and many asked if it could be repeated next summer, or if they could have a similar one in their own states directed by the National Organiza-

tion, possibly in conjunction with the State Teachers' Institute.

A record system for Small Town and Rural Nursing has been much in demand, and after holding a Round Table for the discussion of records, at which fifteen county nurses and about twenty small town nurses discussed for over two hours, the record system was adopted which was projected by the Western Secretary for use in the rural demonstrations being made by the Children's Bureau. A few minor changes were made and at least eight nurses signified their desire to start the system as soon as it was available. Copies are now being printed by Meade & Wheeler, who will furnish sample copies and description and price to the National Organization for distribution within a few weeks.

The Western Office has outgrown its very small room in the School of Civics and as it becomes better known it becomes more imperative to be near the center of the city, where out of town visitors can find it with greater ease and more stenographic assistance can be secured.

A room was finally found at 116 S. Michigan Avenue, Lakeview building, which is not as light or large as is really desired, but the location is so good, (being near the Chicago Visiting Nurse Association and the Infant Welfare Society), that it was rented with hopes of later getting the next vacant office in the building, which is better. Furniture for one secretary and one stenographer was bought at Meade & Wheeler's and the new office will be opened after the return of the Secretary from the East, about September 10.

The three demonstrations in Public Health which the National Organization are making in coöperation with the Federal Children's Bureau are proving of much interest as well as of great value.

The demonstration in St. Mary's Parish, Louisiana among the colored people has already been referred to in the August number of this magazine. White babies as well as colored are being brought to the stations. Sixty-two babies were brought to one of the stations in one week.

It has been decided to continue this demonstration until October 31, and it is expected that in some way local funds can be secured to continue the work until January, when the Police jury are willing to finance it.

The demonstration in Morgan county, Illinois, which was mentioned in both the June and July reports, is progressing well. The county nursing seems to be developing satisfactorily, Miss Coleman having received calls from eleven rural pregnant women the week before, asking her to visit and talk with them. Her work with mothers and babies is constantly increasing and will soon be more than Miss Coleman and her one assistant can manage. As soon

as all the Community Council Board get home from the summer vacations the Western Secretary will spend a few days in Morgan county in an effort to get support for another nurse and car. There is a possibility that now the work is accepted and understood enough by the rural people to make it advisable to ask for county aid.

The demonstration in Wyoming is amongst the Indians on the Wind River Reservation. There are located on this Reservation 800 Shoshoni Indians, and 800 Arapahoe Indians. The demonstrating is being directed by the Extension Secretary, and is under the charge of Miss Linda Meirs, who has had a broad experience and knowledge of Indians gained in Mexico and Colorado.

A health center for mothers and babies has been established at St. Michael's Mission. A small cabin was loaned by the mission, as the nearest town was seventeen miles away and the labor problem acute even there, and the Indians were all extremely busy getting their crops in. The cleaning, painting and calcimining of the cabin was done by the nurses. Common kitchen tables, chairs, screens, clothes-baskets for baby beds, cots, and benches were bought and carried out by some of the nurses from town while others painted them white as soon as they arrived. The long evenings were spent in preparing maternity pads, cord ties, and necessary obstetrical supplies which were sterilized in a wash boiler over a small tent stove—the process being watched by a group of expectant smiling squaws.

Clean white curtains for the windows, bright colored rag rugs for the floors, (Indian patients prefer rugs to chairs), bright colored Arapahoe posters telling proper care of babies and mothers all made the clean little cabin a very attractive place for our visitors.

After a very formal introduction the chiefs of both tribes, Yellow Calf and Lone Bear, were consulted and taken to see the Health Center, where all was explained to them. The baby baskets, due probably to the pink blankets, caused several grunts and grins and each chief was presented with a poster, highly colored and designed with Arapahoe signs to place in the Council House inviting mothers to bring all babies to the Health Center.

The Center and nursing service were solemnly discussed at the Indian Council meeting and it was voted upon favorably to try it out.

The nurses' visiting list is constantly growing but is most uncertain. After visiting a very ill baby for several days found the entire camp was gone one morning only a few tin cans were left. Out of eight patients visited one day only one could be found the next day. From this one the nurse discovered that there was to be a dance at Arapahoe, a town twelve miles away and all the Indians had moved nearer the dance for a few days. So, much

to the apparent amusement of the Indians, the nurses were able to locate their patients and continue their nursing work.

Already the Wyoming Public Health Association and the Fremont County Board of Supervisors have voted to continue and finance the nursing work started in the county after the demonstration is finished.

PUBLICITY DEPARTMENT

James Rorty, Publicity Secretary

Superintendents of nursing associations who have deplored the lack of effective propaganda for public health nursing will welcome the announcement that the National Organization has undertaken to supply this want. A six-page folder describing this literature has been mailed to the entire membership of the National Organization, as well as to nursing associations which are not yet members. This propaganda is supplied in limited quantities to active and associate corporate members of the National Organization. Additional quantities may be purchased at moderate prices and this material may also be purchased by nursing associations who are not members, as well as other interested groups and individuals. The following list of prices which is subject to change, owing to the rising cost of printing, is taken from the announcement folder already mentioned:

Line cut of seal

Size 1	$ .50
Size 2	.65
Size 3	.75

Booklet—"The Lady with the Lamp and Her Inheritors" (Size 5½ x 3)

Single copy	$ .05
25	1.10
100	4.00
1000	37.50
100 copies with imprint of local association on back cover	5.00
1000 copies with imprint of local association on back cover	40.00

Poster Stamp

10	$ .05
50	.25
100	.45
1000	4.00

Poster (Like the poster stamp but printed in seven colors, on heavy coated stock, and with a different text. Size ———)

Single copy	$ .08
10	.75
50	3.50
With local imprint	5.75
100	6.75
With local imprint	9.50
1000	65.00
With local imprint	75.00

Folder—"The Public Health Nurse."

This folder describes different types of public health nursing, lists the training courses now available, etc. It is supplied free in reasonable quantities to any interested person or group.

It was felt that the seal of the National Organization, while unusually artistic, was difficult to reproduce, particularly on reduced size or low-grade paper, and that because of this its practical usefulness as an emblem and trademark of the National Organization was somewhat limited. The new

seal reproduces the essentials of the old medallion in line, while instead of the complete name of the Organization, we have simply the initials P. H. N. The new emblem can be reduced to a very small size and will still be effective. It will appear on all letterheads, envelopes and mailing literature of the National Organization, and it is the hope of the National Organization that its use will spread to its corporate members. Its use on letterheads, yearly reports, etc., in conjunction with the phrase, "Member of the National Organization for Public Health Nursing," will provide a most desirable tie-up between the National Organization and its members. It is the intention of the National Organization to supply each of its active and associate corporate members with an electrotype of this seal. Additional electrotypes in any size may be ordered as needed and can be had very inexpensively.

The first piece of mailing literature to come from the new publicity department of the National Organization is the recruiting booklet, entitled, "The Lady With the Lamp and Her Inheritors." Every Public Health Nurse and indeed every layman familiar with the present situation in the public health field, knows that the shortage of Public Health Nurses is the most serious condition with which we are now faced. The National Organization, therefore, thought it proper to devote its initial effort to the production of recruiting propaganda. "The Lady with the Lamp and Her Inheritors"is a recruiting booklet, addressed both to student nurses and to high school and college graduates from which, in the future, we hope to draw high grade recruits to the profession of nursing.

The poster which is reproduced in seven colors, on heavy coated stock, is also definitely a piece of recruiting propaganda. It has, however, unique value and interest in that it actually succeeds in representing pictorially the varied service of the Public Health Nurse, as visiting nurse, school nurse, rural nurse, child hygiene nurse and industrial nurse. The new slogan of the National Organization, "An Equal Chance for Equal Health," is prominently displayed with the following additional text: "Thousands of new public health nurses are needed to serve in the big health campaigns of peace and reconstruction." If desired, this poster will be supplied by the National Organization, imprinted with a joint signature, such as for example, "The National Organization for Public Health Nursing, 156 Fifth Avenue, New York—Distributed by the Instructive District Nursing Association, 561 Massachusetts Avenue, Boston, Massachusetts." A slight additional charge is made for imprinting the posters in this way.

Because of its value as a part of the recruiting campaign, the Na-

tional Organization desires to secure a country-wide circulation of both the booklet and the poster. The active corporate and associate corporate members of the National Organization, as well as other nursing associations, will be given first option on this material, and the coöperation of other organizations, such as the National Tuberculosis Association, will be enlisted to secure adequate circulation of this material in territory where the National Organization for Public Health Nursing is not represented.

It is believed that the poster stamp, which is simply the poster itself reproduced in two colors, brown and blue, and with a reduced text, will be found a useful piece of general recruiting propaganda. As above stated, it is furnished in limited quantities free to active and associate corporate members of the National Organization. Additional quantities may be purchased at the very moderate price quoted.

Additional propaganda, notably an illustrated general booklet treating briefly all phases of public health nursing, is being prepared. It is particularly desired that this propaganda represent the maximum of usefulness and meet in a practical way the publicity needs of nursing associations in the field. Suggestions and criticisms will be welcomed and given careful consideration. All such communications should be addressed to James Rorty, Publicity Secretary, 156 Fifth Avenue, New York.

LIBRARY DEPARTMENT

Reprints from
THE PUBLIC HEALTH NURSE, 1919

Rules for the Physical Examination of School Children in Extra Cantonment Zones and School Record for Small Towns. By Susan Norman.

The Industrial Nurse in Relation to Public Health. By Jeanette King.

Mobilizing Visiting Directors in Massachusetts. By Gertrude Peabody.

Some Ways in Which Parents may Safeguard the Health of their Children. By Florence A. Sherman.

Study of Pre-School Children in Cincinnati and How Rural Communities May Combine for District Nursing Service. By Annie Crowell.

How One Visiting Nurse Association Went Over the Top. By Jennette C. Harmount.

Should Midwives be Supervised by the State. By Florence S. Wright.

Public Health Nursing, an Agent of Americanization. By Bessie A. Haasis.

NOTE: All reprints may be borrowed from State Library Centers or bought (in quantities) from Main Library, 156 Fifth Avenue, New York.

Notes from the Field

CONVENTION OF THE AMERICAN HOSPITAL ASSOCIATION

The Executive Secretary of the National Association for Public Health Nursing, spent September 9 and 10 in attendance upon the convention of the American Hospital Association. She went primarily to read Miss Anne Hervey Strong's paper on "The Nursing Situation from the Public Health Point of View with Suggestions as to a Combined Curriculum Which Shall Cover Necessary Preparation in all Branches."*

Miss Strong's paper was one of four in a section program on Nursing of which Miss Elizabeth Greener, Superintendent of Mt. Sinai Hospital of New York was chairman. The other papers were as follows:

Readjustments which Training Schools and Nursing Departments of Hospitals are Facing, from the Standpoint of the University Hospital. Miss Laura Logan, Director Training School, Cincinnati General Hospital.

Nursing Problems to be Dealt with and Adjusted in the Small or Moderate Sized Hospital, from the Point of View of the Hospital Superintendent. Miss Carrie Van DerWater, Mt. Vernon Hospital, Mt. Vernon, N. Y.

Training of Attendants. Miss Agnes Ward, General Superintendent of Nursing, Department of Public Charities, New York City.

*This paper will probably be published in full in the *Modern Hospital.*

Although Miss Strong's and Miss Logan's papers were written from very different viewpoints, they were in conspicuous agreement in their conclusions. In fact Miss Logan argued as emphatically as did Miss Strong, the imperative necessity for providing some part of the required training for public health nursing within the undergraduate course.

Miss Strong, however, declined to make any suggestions for radical changes pending the findings of the scientific study of the system of nursing education, which will be undertaken almost immediately under the direction of the special committee of which Prof. C. E. A. Winslow, of Yale University, is chairman.

The question of training and employing attendants was next discussed, but almost wholly from the standpoint of institutional work and workers rather than from the needs of Public Health Nurses and the families they represent.

Miss Agnes Ward's paper clearly favored the plan, although she emphasized the fact that it was still in an experimental stage. The discussion was lead by Miss Palmer, whose long experience with all these questions and her own optimism gave genuine encouragement to all to press on with confidence

and courage. Two protests were brought out; one, that the attendant should never be a substitute for, but a supplement to, the graduate nurse, otherwise there would immediately follow the classification of service according to means, rather than need; and the other, offered by Dr. Parnall, Superintendent of the University of Michigan Hospital at Ann Arbor, that the whole plan was an undesirable and dangerous one, both to the public and to the nursing profession. He cited the fact that six bills had recently been introduced and lost in State legislature showing that the legislators themselves, doubtless reflecting the public opinion in their several states, were opposed to anything less than first class care. He urged the analogy between first and second class medical diplomas and urged the nurses to exert every effort to secure candidates enough for their own profession rather than to allow the development of this latter class of workers. On the other hand, Mr. Test of Philadelphia, strongly urged the need and value of the war-time worker nurses' aids.

Wednesday was devoted to general joint sessions of the American Hospital Association and the American Hospital Conference, to which delegates from twelve national bodies had been called, to discuss ways and means of standardization of hospital service, including need and nursing education.

Miss Sarah E. Parsons represented nursing on the afternoon program. She characterized the present difficulties as largely due to the apathy of the medical profession which Miss Noyes later explained was due, chiefly, in her opinion, to an utter lack of understanding, and urged nurse superintendents to seek an opportunity to interpret their own needs and responsibilities directly to Trustees and Staff. Miss Palmer argued that it was not apathy but indifference on the part of physicians.

The question of attendants was again brought forward and Miss Noyes responded that nurses had hesitated to encourage this relief measure, not for lack of realization that there was great need for just such grade of service, but because nursing itself is not as yet a licensed profession and consequently there is no law to prevent unscrupulous attendants from practicing as nurses, thus inflicting serious injustice upon the public.

In Miss Parsons' paper and in the course of the discussion, the opposition to military rank for nurses during the war was emphasized as the most conspicuous example of the injustice done to nurses which inevitably reacts as a deterring influence upon ambitious and educated women when considering entrance into the nursing profession.

Mr. Richard P. Borden proposed that a resolution be passed by the American Hospital Association

urging the passage of the bills now before Congress, providing relative rank for members of the Army and Navy Nurse Corps.

It is significant that the National Organization for Public Health Nursing had not been invited to send a delegate to the American Hospital Conference, although both of the other National Nurses' Associations had been requested to do so. It was said that the American Nurses' Association represented all three. The Executive Secretary had prepared the following application for membership and was gratified to receive a request from Miss Noyes who had been appointed chairman of the Membership Committee of the Conference to submit such an application.

September 10, 1919.

Miss Clara D. Noyes,
Chairman, Membership Committee,
American Hospital Conference,
Cincinnati, Ohio.

Dear Miss Noyes:—I herewith make application on behalf of The National Organization for Public Health Nursing for membership in the American Hospital Conference.

If I am rightly informed, the other two National Nurses' Associations are members of the Conference. I do not overlook the fact that the National Organization is automatically represented on the Directorate to the American Nurses' Association. But I am confident it will be apparent to your committee and to the Officers of the conference that the same arguments for separate membership obtain as for the American Medical Association, The American College of Surgeons and other National Associations representing special aspects of Hospital practice and allied interests.

To be specific, the National Organization for Public Health Nursing has been for two years or more directly concerned with the increasingly pressing question of the introduction of elementary preparation for Public Health Nursing into Training Schools curricula as well as with the establishment of post-graduate courses. Over one hundred hospitals are now giving some measure of such instruction.

The National Organization is recognized by the American Red Cross and by State Universities and other Educational Institutions and very largely by Training Schools for Nurses, as the National Adviser in matters pertaining to Public Health Nursing education in general, including the content of theoretical instruction and suitable affiliations between Hospitals and Public Health Nursing Agencies for the purpose of giving properly supervised field work to public health nurse students. In this connection, it is of interest to note that the scientific study of the system of nursing education which is to be begun almost immediately under the direction of a committee of which Professor C. E. A. Winslow, Lauder Professor of Public Health, Yale University, is chairman, is primarily concerned with the importance of giving adequate preparation for public health nursing in the shortest possible time and its study has been brought about in large measure through the instigation of the National Organization. The Organization further functions in the fields of organization, administration and standardization of all forms of public health nursing, including Hospital Social Service. It has in preparation at the present time an extensive plan for a legislative campaign, looking toward State laws to provide adequate support and effective direction of public health nursing activities under suitable public control.

In the light of the foregoing statement, I assume there will be no question as to the justifiability of this application for membership in the Hospital Conference.

Yours very truly,

A DEPARTMENT OF HEALTH FOR CANADA

For some years there has been an active movement in Canada for the establishment of a department of health. This movement has recently culminated in the introduction into the House of Commons and the final passage of a bill creating a Federal department of health for the Dominion.

The act aims at placing health as a foundation of government, thereby assuring to the people that the vital problems of health which concern a nation and upon which depend its very existence, continuity, and efficiency are those which will hereafter receive serious and constant attention. It provides for the establishment of a department of health, for a minister of health, a deputy minister, and an advisory council.

AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN NEW ORLEANS

The next annual meeting of the American Public Health Association is to be held at New Orleans, La., October 27-30, inclusive. The central themes of discussion will be Southern health problems, including malaria, typhoid fever, hookworm, soil pollution and the privy, etc.

In view of the possibility of a recurrence of influenza next winter, a full session will be devoted to this subject for the purpose of developing methods of control.

A special effort has been made to arrange the program to meet the practical needs of health officials. Accordingly, there will be discussion on such questions as the attitude of legislators toward public health, the obtaining of appropriations, coöperation from women's clubs and health organizations, and the organization of health centers.

Winter railroad rates to New Orleans will be in effect from all points after October 1.

SURGICAL CLINICS IN DAVENPORT, IA.

We are in receipt of a letter from Miss Clara Craine of the Davenport Visiting Nurse Association, Davenport, Iowa, which gives a most interesting report of the weekly surgical clinic which has been established in Davenport by the Visiting Nurse Association. The following extract from Miss Craine's letter will be of interest:

"Our plan developed from the knowledge acquired through the government weighing and measuring of children last summer.

"We thought some very good information was going to waste if no follow up work was done, so we made a list from those cards of all abnormal children, the city was districted, and a block system worked out. We began in the neighborhood in which

our cottage is situated, where everybody knows us. A nurse was employed (salary $100.00) to call on every family where an abnormal child had been found, thus securing the following information:

"1. Have you had this work done?

"2. If not, are you going to have it done?

"3. If not, why not?

"These surgical clinics are held Saturday mornings beginning at eight o'clock and are developing much larger and faster than we anticipated when we began the work.

"For the people who cannot afford to pay for the service it is given free. If they can pay a small amount they are encouraged to do so. If they have a certain physician whom they employ when necessary he is consulted before the work is done. A few of the physicians have criticised our doing the work, but I have called upon such ones personally and pointed out the facts to them, one being that the parents had known for about ten months that this very necessary work needed to be done, but nothing had been done for them, while other families had had the work done after the nurse had pointed out how necessary it was to have it done. None of the criticism has come from the specialists.

"The school physician is also sending school children to us, the investigation being made by the school nurses.

"The clinics are conducted at the Visiting Nurse cottage. Two rooms and a bathroom are used, one room is fitted up for the operating, the other for the hospital ward. Folding cots with mattress are used and at the end of the day bedding and cots are folded up and stored away as the rooms are used on Wednesday for the Tuberculosis clinic. Please do not be horrified at this as we are teaching people the benefit of soap and water, fresh air and sunshine.

"The children are brought to the clinic at eight o'clock Saturday morning, and stay until late in the day when they are taken home by their relatives, the city ambulance being at our service if needed. Dr. Hands (county physician) is the surgeon, and he is a good one, he later intends to specialize in this work, which accounts for his very great interest in it. Dr. Carney is the anaesthetizer and is paid by the county ten dollars ($10.00) for each Saturday work for the next six months. This was secured through the efforts of Dr. Hands and the only part we had in it, was to invite the Overseer of the Poor down to a clinic, and ask her to please observe how much we were saving the county in hospital expense, this seeming to be the necessary wedge to awaken interest.

"At the present time we have taken care of one hundred and ten children. Our expenses have been about six hundred dollars ($600.00) and collections, one hundred and seventy-eight dollars ($178.00) promise of more later. It will be most interesting to have reports on these cases in six months time and thus know of some of the actual good that has been accomplished; a number of these cases have come in through the Tuberculosis clinic."

THE "GREAT WHITE TRAIN" IN SIBERIA

After covering thousands of miles and caring for thousands of victims of typhus the train known throughout Siberia as "The Great White Train," is now at Perm where the doctors and nurses are combatting a recent outbreak of typhus among the soldiers and civilians of that district.

The reputation of the train as an effective weapon in fighting ty-

phus has spread far and wide. Built by the American Red Cross for the Allies, it was originally intended to be used first in the maritime provinces of Siberia. Then came the tremendous epidemics of typhus out west in the heart of winter—epidemics that ran the number of hospital cases up into the tens of thousands and the unreported cases into the twenties of thousands. From military camp and concentration point; from soldier and prison barracks; from hospitals and orphanages and refugee colonies; from railroad trains crowded with homeless people and stations even more crowded, came reports of the spread of the "spotted fever."

So the Great White Train went west,—long cars for bathing men, women and children unwashed for months; cars for cutting the hair and sterilizing the clothes; cars laden with medicaments and clothing, and began its work of aid and mercy—and prevention of even worse epidemics.

The train left Vladivostok on February 2, and was on the road for months, engaged in its relief work. The director was Captain F. A. Dallyn of the Canadian Expedition Force, a sanitarian of long experience. On April 2, Dallyn went down with typhus fever, from the bite of a louse received while he was cutting the hair of a patient. His escape from death was narrow, but Red Cross doctors and nurses pulled him through and he is now at Vladivostok, convalescent.

About 20,000 men have been handled by the personnel in the six months the train has been out. These men have been bathed, their heads clipped, their clothes disinfected, and in many cases they have received underwear and medical treatment.

Side by side with the purely physical aspect of the anti-typhus expedition went the work of education. In every city or town visited the train officers arranged conferences with the leading officials, military and civilian, of the district who were in charge of sanitary, medical or surgical work.

The educational results of the anti-typhus expedition were far-reaching. The very appearance of the great white train in railroad yards and at stations where thousands of people congregated proclaimed to the Russians something new, interesting and helpful was afoot.

MATERNAL WELFARE WORK IN FRANCE TO CONTINUE

The Maternal Welfare Work established in France, under the auspices of the Red Cross Children's Bureau, by Dr. F. L. Adair, Associate Professor of Obstretrics and Gynecology in the University of Minnesota, Minneapolis, is to continue.

In September 1918, Dr. Lucas, Director of the Children's Bureau, began an investigation of prenatal

care in Paris. He requested that the work be organized systematically under a definite head and Dr. Adair was given the commission.

In a few months, during which the work was established in two sections in Paris, the population of which numbers 600,000, about 500 prospective mothers were cared for in the consultations and also in their homes, which means that this number of families were approached in both a medical and social way.

According to official statistics, 80,000 French babies died last year, of whom one-half might have been saved. To save the next 40,000, the Red Cross has endeavored to increase the nursing service of the French in the direction of child welfare work.

This and similar work conducted with the aim of the improvement of public health has proved to be invaluable war ammunition. The services of the Red Cross, not alone to the Belgians and to the French, but also to the Italians, the Serbians, the Roumanians, the Greeks, and the peoples of Palestine materially helped to keep them on the firing line until the arrival of the Americans and—Victory.

FRENCH CAMPAIGN AGAINST TUBERCULOSIS

French methods to combat the spread of tuberculosis which had gained a strong foothold in the country were practically nullified by the war until the American Red Cross came to the aid of the people.

Through the agencies of the organization there is now a capacity for 1983 bed patients in the tuberculosis hospitals in Paris and outside of Paris there are accomodations for 5610.

The Bureau of Tuberculosis is working in close conjunction with the Rockefeller Commission for the Prevention of Tuberculosis in France.

The New York State Organization for Public Health Nursing will hold its Annual Meeting, October 21, in Brooklyn, N. Y., headquarters to be at St. George's Hotel. Papers given during the day will be on subjects of vital interest to Public Health Nurses. The evening meeting, with prominent speakers, will be open to the public.

Perhaps the following excerpt from a letter just received from one of our members in Canada might inspire others. This member's letter shows that she is making use of every available opportunity to fit herself to meet the requirements of her work. She writes as follows: "I have just been attending business college this past three months (just the evening school), mostly for the business efficiency, which I felt I lacked, and fully intend to continue when I find it convenient."

SOME STARTLING FIGURES

Miss Elizabeth Keller of the American Red Cross is at present making a survey of children under three years of age, and so far finds rather startling figures. She writes as follows: "In 70 white families, I found 35 children under 3 years, in 333 negro families only 43—20 of these between 2 and 3 years, 19 from 4 months to 2 years, 1, four days old. I think, with the survey completed, we will find this contrast very interesting, and of great importance, especially as the South is so dependent on negro labor.

"In an interview with our acting health officer, about the negro birth rate, he states the bad condition is due to gonorrheal infection, caused by the low moral standard, and says that in 10 years of practice here he has only found one girl under 16 years of age, who had not been contaminated before that age. This is startling, and means broad education and clinics for them."

AN ENCOURAGING LETTER

The following letter—perfectly genuine, spelling and all—was received by a Public Health Nurse in one of our Eastern cities. The small boy of nine, who wrote it, belongs to a family from which the first children were removed on account of the very immoral and generally bad conditions of the household. There has been an unexpected and extraordinary improvement, as this little chap's letter indicates:

August 12, 1919.

Dear Friend Miss ——:

I have arrived safe on my vacation and am very thankful to you for your kindness you have shown towards my little sister, and I and my mother—we pray for you night and morning for you as you have been so kind as we all love to see you coming to our house. I hope you will call and see my mama while I am hear as she was crying when my sister was away so I don't want her crying while I am hear. Please tell my mama I sent you a letter and am having a nice time. Hoping you and all your lady friends in your social service office are all well. Tell the ladys I send best wishes to all.

May God Bless you.

A GOOD SIGN

In the annual budget approved by the City Commissioners July 15, 1919, the Topeka Public Health Nursing Association is given $11,372. This is a levy of amost 1-5 of a mill authorized by the Legislature of the State of Kansas for cities of the first and second class.

Training for Public Health Nursing in the South

The Virginia School of Social Work and Public Health offers a four months course in public health nursing beginning February 1, 1919. In co-operation with the Instructive Visiting Nurses Association, the Health Department, the Public School Nurses, and certain factories, opportunities for specialization in school, infant welfare, industrial, tuberculosis and general visiting nursing will be available.

Preparation for Rural Nursing.

Estimated total expenses for the four months course, $175 to $200. Several liberal scholarships covering tuition and living expenses also available.

For further information write the Director, 1112 Capitol Street, Richmond, Va.

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Conducted jointly by

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An Eight Months Course and a Four Months Course in theory and practice of Public Health Nursing.

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Arrangements for a four or eight months' post graduate preparatory course will be made by the Red Cross for nurses who have not had the necessary training or experience. Scholarship and loan funds are available for this purpose.

For details concerning courses and appointments apply to Director,

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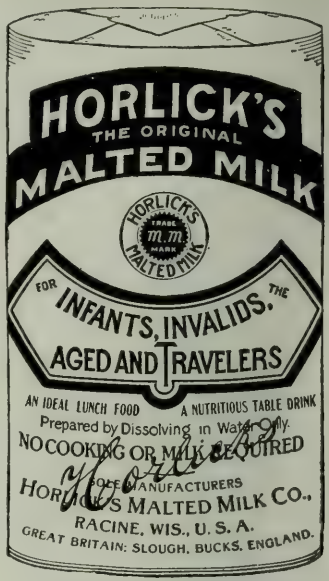

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Miss Anne H. Strong is contributing an article

Problems in the Training of Industrial Nurses

of particular interest to Public Health Nurses, in the October Issue

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Published Monthly with International Abstract

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Plan and Scope of the Journal

This Journal has grown out of the recent establishment of teaching and research in Industrial Hygiene in the Harvard Medical School and is the first periodical covering the field. Such a publication must necessarily display wide vision and therefore it is planned to deal with all the problems of industrial hygiene and sanitation and, in addition, to handle community hygiene, accident prevention, adequate medical and surgical treatment, compensation, insurance and mutual benefit associations, and reconstruction and vocational training of disabled employees. The Journal thus covers **subjects of vital interest to welfare workers** as well as subjects of interest to the leaders in both industry and labor.

Miss Strong's article was preceded by a valuable contribution by Miss Mary Beard, Director, Instructive District Nursing Association, Boston, and President, National Organization for Public Health Nursing, on "Public Health Nursing and Industrial Hygiene," in the August number.

All interested in this intensely practical field should avail themselves of the material appearing in this Journal.

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